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Figure 1 consists of two scatter plots. The left plot shows a positive correlation between the number of children and the number of mothers, with a regression line indicating a positive slope. The right plot shows a negative correlation between the number of children and the number of mothers, with a regression line indicating a negative slope.

YANKEE CLUB
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V. 37, Jan - Dec 1951

Yankee Family



JOURNAL OF

JOURNAL OF **SOCIAL HYGIENE**

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About our cover . . .

The Brown Family, anonymous 19th century American painting formerly owned by the Whitney Museum of American Art . . . first of a series of *Journal* covers on family life. Father Willard Brown was totally blind; his wife, Hepsibah Keyes Brown, "a legend of sharp-tongued femininity." Photograph courtesy of M. Knoedler and Co., Inc.

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A RESPONSIBILITY WE ALL SHARE

At the American Social Hygiene Association's annual meeting last year an extremely interesting symposium on "The Common Ground in Family Life Education" attempted to arrive at the points of agreement among the three major religious faiths in the matter of sex instruction of children and young people. One of the speakers was Edward B. Lyman, president of the Coordinating Committee of Catholic Lay Organizations, Archdiocese of New York, who presented a Catholic point of view forcefully and convincingly.

Since that time, Mr. Lyman's committee has written and recorded a series of scripts to assist parents in giving their children the information they need about birth, maturing and marriage. The recordings, first presented by Mr. Lyman before a class in family living and sex education last July, at the University of Pennsylvania, are now available from The Christophers, 18 East 48th Street, New York, for \$4.00 for the set of four records.

The JOURNAL OF SOCIAL HYGIENE feels itself fortunate to have permission to publish both Mr. Lyman's remarks and the scripts themselves. We hope that other groups, representing other faiths, who are bringing the same thoughtful, constructive effort to bear on the methods of family life education will give us a chance to read and publish the results of their work.

Here is a task the responsibility for which we all share, Protestant and Catholic and Jew alike. While there are some points of difference in our approaches, the common ground of agreement is so broad and so fundamental that we can all only gain from an exchange of ideas about a matter which is of the greatest importance to the future of our children and to generations of children yet unborn.

PERMISSION

OPTIMISM IS NOT PERMISSIBLE

America knows how to prevent an increase in syphilis and gonorrhea during military and industrial mobilization. We have tested our methods in two world wars. All we need to do today is to adjust these methods to present conditions and to put them in operation.

But the nation faces quite a different problem in planning for modern civilian defense, in preparing to deal with the disastrous effects of atom bomb bursts over an American city. As the New York State Civil Defense Commission puts it, "Although there are many factors which may operate to reduce the number of casualties, optimism is not permissible in planning for medical aid."

Much of the problem is psychological. While we know how Europeans reacted to bombardment with conventional explosives,

and from studies of Hiroshima and Nagasaki we learned about the physical results of atom bomb bursts, we know relatively little about psychological reactions to A-bomb attacks.

And we have no idea at all how Americans would act under bombing of any kind, for no city in the continental United States has known a bombing since the Civil War. We do know that Americans have heard and read much about A-bombs, and that mystery and awe surround the tremendous destructive power of atomic weapons in the minds of most people.

To stimulate interest in a relatively inconspicuous but important aspect of civilian defense, Dr. Walter Clarke, ASHA's executive director, presents in this issue of the JOURNAL a memorandum, "VD Control in Atom-Bombed Areas," which he prepared after studying the available scientific reports and conferring with informed individuals. The statement embodies most of the suggestions of the 50 leading American VD control authorities to whom Dr. Clarke submitted his memorandum.

The JOURNAL welcomes your comments.

SOMETHING NEW HAS BEEN ADDED

National defense. Stepped-up mobilization. Larger draft army. Round-the-clock recreation. Manpower problem. Women in industry. Civilian needs. Day care. Congested communities. Lack of housing.

These are some of the words we use to describe the social upheaval of the time. None of them is new. Nor are the national health and welfare services which make the difference between isolated effort and social order. Nor is the need for money to provide the services.

What *is* new in the picture is the United Defense Fund, Inc., recently set up to finance related national voluntary services—including social hygiene—in an economical and orderly manner. Eminent businessmen and labor leaders—including Philip R. Mather, ASHA's president—incorporated the Fund November 28. Its 1951 goal is about \$7,400,000. It will ask local Chests to provide about \$6,000,000 of this amount, either directly to the agencies participating in the United Defense Fund or through the Fund.

Organization of the United Defense Fund is a logical extension to the financing of national services of that time-tried expression of democracy known as the Community Chest. Intelligently guided, it can become synonymous with the finest kind of social action—the high-minded cohesiveness we call teamwork.

ASHA salutes the Fund and pledges its loyal and active support.



Nagasaki, Fall 1945

Black Star (Bennewitz)

VD CONTROL IN ATOM-BOMBED AREAS

by Charles Walter Clarke, M.D., Executive Director,
American Social Hygiene Association, and Clinical Pro-
fessor of Public Health Practice, Harvard University

What We May Face

I.

In case of an atom bomb attack on an American city, gravest social hygiene problems will almost certainly arise. It is necessary to consider these and, so far as possible, to act now in preparation to meet them.



I wish to thank the many distinguished military and civilian health authorities who commented on the preliminary draft of this statement and whose suggestions have been incorporated in the present version.—Charles Walter Clarke, M.D.

Immediately following an attack there is the strong possibility that a state of great panic will exist, with thousands of survivors striving desperately to escape from the bombed area and from the city. Many injuries are likely to occur as a result of panic, and children and the old and infirm would especially suffer.

Following an atom bomb explosion, there would be a long period of great overcrowding in temporary housing at refugee centers and of doubling-up of families who are able to remain in the city. All sorts of people would be thrown intimately together in temporary quarters for housing and feeding. This would last until refugees could be restored to their homes or transported to other areas.

Families would become separated and lost from each other in the confusion. Supports of normal family and community life would be broken down.

Since many industrial processes and transportation and communication facilities would be interrupted, many people would be idle even though work projects would undoubtedly be planned for them. There would develop among many people, especially youths, uprooted and anticipating renewed attacks, the reckless psychologic state often seen following great disasters.

Under such conditions, it is to be expected that moral standards would relax and promiscuity would increase. With this increase, the venereal disease rates and the number of illegitimate births would mount—as they did in bombed cities of Europe during the recent war.

Even with strict police control or under martial law, the best estimates indicate that these conditions will exist in atom-bombed areas.

There is likely to be a shortage of penicillin and other antibiotics for the treatment of venereal diseases. Local supplies may or may not be sufficient to meet the urgent needs for life-saving treatment of casualties, expected to be numerous because of burn, blast, trauma from flying glass, falling walls, panic and radiation injuries. Antibiotics would also be needed for infections sure to develop following injuries and for conditions such as pneumonia, which may be prevalent if a bomb attack should take place during the winter.

It may be that stocks of antibiotics and other drugs can be built up to such an extent that adequate supplies will exist in all local depots for emergency use, but this would not be easy since a large number of strategic cities and the Armed Forces also must have large stocks of antibiotics.

There would almost certainly be a shortage of doctors and nurses, and few would be available for the diagnosis and treatment of venereal diseases. It is even doubtful if there would be enough doctors and nurses to give immediate emergency care to the urgent medical and surgical cases following an A-bomb attack. The cases of venereal diseases would have to wait until more urgent cases would have been cared for.

Foresees 1,000% Increase Unless . . .

Epidemiologic work to find contacts of infectious cases of syphilis and gonorrhea would be next to impossible due, first of all, to shortage of trained personnel and, second, to the fluid state of the refugee population which would be moving in and out of emergency housing without fixed places of abode.

The danger of epidemics of other communicable diseases—influenza and measles, for example—for which there are not specific easily applicable methods of prophylaxis would be great and urgent. In planning for public health control measures, the less dramatic but none the less grave dangers of an epidemic of syphilis and gonorrhea must be considered.

Under conditions such as those envisaged, the chances are that the venereal disease rates would increase by 1,000% or more, as they did in some European countries during the recent war—unless, of course, the venereal disease control program is strengthened now and drastic preventive measures are planned in advance and applied vigorously when and if needed.

II.

Some suggestions regarding means of meeting the severe emergency described above may be advanced at this time.

1. The first important way to minimize the probability of an epidemic of venereal diseases in and around an atom-bombed area is to reduce the present incidence of venereal diseases to the absolute minimum *now*, before an attack. Increased venereal disease control activity is made even more necessary by the present rapid military and industrial mobilization. History leads one confidently to expect increased incidence of syphilis and gonorrhea unless control measures are strengthened, and it has already occurred in some mobilization-impact areas. Venereal disease control activities should be promptly stepped up, especially in and around great military and industrial centers.

The recent drastic cuts in federal funds for venereal disease control should be restored immediately. Activities similar to those carried on during the recent war, including cooperation between the Armed Forces and civil authorities in case-finding activities, educational programs and repression of prostitution, should be greatly increased.

2. The strong probability of a great increase in venereal diseases in and around atom-bombed areas should be taken into consideration in advance planning for general public health measures to cope with such an emergency. Venereal disease control measures should be integrated into general public health plans.

3. So far as timing is concerned, an outbreak of venereal diseases in an atom-bombed area would present a less urgent emergency than certain other communicable disease problems—as, for example, an epidemic of influenza—but venereal disease control, especially control of early syphilis and syphilis in pregnancy, should have a priority which increases with time following atom bomb explosion, because of grave long-range effects in the population if these infections are neglected.

4. Hospitals and emergency general medical and surgical centers should be adequately prepared to treat all cases of venereal diseases applying to such centers. This would not be difficult if adequate supplies of penicillin and adequate personnel are available.

5. Enough penicillin should if possible be available in regional depots so that venereal diseases in any atom-bombed area could be treated promptly without depriving other more urgent cases of adequate supplies. It should be possible within one or two hours to fly penicillin from regional depots to any emergency area thereby supplementing local stocks.

6. In an atom-bombed area there probably would not be enough physicians and laboratory services to insure scientific diagnosis of syphilis and gonorrhea in all cases and still provide for more urgent medical emergencies. Syphilis and gonorrhea should, under such emergency conditions, be treated with penicillin on clinical or other indications with a minimum of medical supervision.

Recommends Use of Auxiliary Medical Personnel

7. Emergency medical auxiliary personnel recruitment should include enlistment of registered nurses, pharmacists, navy hospital corpsmen, army medical corpsmen and others with some medical training, even though these men and women are not now engaged in medical activities. Selected personnel from these groups should receive short, intensive courses so that with a minimum of medical supervision they can administer penicillin to persons suspected on clinical or other grounds of having syphilis or gonorrhea. The first and most important objective should be to render syphilis and gonorrhea noninfectious and to prevent congenital syphilis.

8. It would not be feasible or necessary to hospitalize many cases of infectious syphilis and gonorrhea in an atom-bombed area. Gonorrhea should be treated at one visit—the same at which clinical diagnosis is made. Many cases of syphilis should be treated at one visit, others would require more than one visit. Legal measures should be used promptly when necessary to assure treatment of infectious syphilis and gonorrhea.

9. Emergency medical and surgical services, including those for venereal diseases, should be established at or very convenient to temporary housing and feeding quarters for evacuees. The press (if any survives), radio and loudspeakers should inform everyone of the location of these services. The public should be urged to go for medical care of any known or suspected infectious disease—including syphilis and gonorrhea.

10. All bombed areas must have strict policing. This should include vigorous repression of prostitution and measures to discourage promiscuity, drunkenness and disorder.

11. Social and religious services should be emphasized in such an area. Every effort should be made to re-unite family groups, to safeguard morals, to support or restore morale. Clergymen, case workers, group workers and recreation leaders would be especially needed. Since the load may be much too great for the surviving local professional workers, plans should be made to bring trained social and religious personnel into a region of atom-bombed devastation.

LET'S TELL THE WHOLE STORY ABOUT SEX

A Paper before a Class in Family Living and Sex Education, University of Pennsylvania

by Edward B. Lyman

The letter in which your distinguished director, Dr. John H. Stokes, invited me to address you was something of a challenge. The challenge was to join with you in blueprinting a practical moral base, acceptable to any one of good faith, on which we could then erect a solid framework of education for family living.

I suggest that we begin by examining some highly practical principles that lie at the root of all sex education and family living. For if we are clear about these, a great deal of wasteful controversy which has characterized so many well-meaning efforts to "do something" about the problem can be avoided.

Next, suppose we tackle this knotty question of *who* should plan and carry out the education for family life that is our concern here. Since many of you are professionals in this field, we'll give particular attention to the role of the teacher, the nurse and counselor.

Finally, I'm going to play for you something brand new in the field of sex education, a series of four dramatized recordings for use with groups of parents, which combine the spiritual elements of the story of creation with a completely frank and natural treatment of the biological side.

Let us dispose first of the quaint notion that information alone will automatically wipe out all sex crimes, guarantee happy marriages and reduce our divorce rate to zero.

I suppose that never before in history has the interchange of news and opinion among men reached as high a degree of speed, accuracy and completeness as it has today, particularly in the United States. Any youngster old enough to write can find out all he wants to about sex. Recently one of my associates had the dubious privilege of looking through the New York Police Department's collection of literature available on the newsstands, in which a score of concerns offered advice on sex to "married couples" who wanted to write for it—with no questions asked about the age or marital status of the correspondents.

None of us here would defend the form in which this information is given, but the point is that material on the so-called facts of life has never been so widely and easily obtainable. Conscientious parents are frequently forced to give their children certain phases

of sex instruction long before they are emotionally ready, for fear that they may pick it up first from companions in the wrong way.

No, we cannot complain of any lack of information on the physical nature of sex. Yet the wave of sex crimes, many of them degenerate, continues to fill our papers, frightening children, worrying parents and causing deep concern to police and city officials. And our record of divorce and broken homes is a national disgrace.

Why?

Could it be that information alone is not enough? Could it be that teaching our youngsters only the *mechanics* of the sex function is no more a guarantee that they will use that function in the way its Divine Author intended than teaching a group of army recruits the mechanics of anti-aircraft weapons can insure the peace of the world?

Hang onto that thought, if you will, because it contains the key to our whole approach to this problem, and we shall come back to it later.

Perhaps we can simplify matters if we set down a series of connected facts:

1. You and I were created by a Supreme Being whom we call God.
2. God's partners in this act of creation were our parents, for He took from each of them a part of their bodies in order to produce the cell from which our own bodies evolved.
3. The human reproductive system, therefore, takes on a sublime dignity and purpose, for it constitutes the machinery by which the divine plan of creation is accomplished.
4. To make sure that the earth would be populated according to His plan, God made the urge for physical union between man and woman one of the strongest of all human instincts.
5. At the same time, in order to insure that this physical union be surrounded with both the spiritual and social safeguards proper to the dignity of its purpose, God instituted marriage and the family.
6. Society has come to recognize, therefore, as a natural law as well as a divine precept, that the physical union of a man and woman within the bond of matrimony, for the purpose for which it was instituted, is morally right and that such relations outside the protection of marriage are morally wrong.
7. The instinctive recognition of what is right and what is wrong in human conduct, which we call conscience, is obviously more developed in some individuals than in others. Yet the voice of conscience is the most powerful natural brake known on

immoral conduct. Where it is developed by proper character training, and particularly where it is reinforced by spiritual helps, it tends to restrain the inclination to evil that is one of the two warring forces in our human nature.

We will not change human nature by moral training and character guidance, but we may to an important extent be able to guide and control it.

You Cannot Separate the Facts

Now if your mind works the way mine does when I am listening to someone labor through a number of obvious points to an equally obvious conclusion, you are probably several jumps ahead of me. Perhaps you are saying to yourself something like this:

"Sure, I see what he's driving at. He'd like to see factual material on sex information and family life education reinforced by a solid moral background. He'll probably urge us to cooperate with religious leaders so that children can get both sides of the story."

Well, you'd get about a 75% grade on that answer. The first part would be right as rain. But the second part would be only half right because you would have left something out—and would have left in a dangerous implication.

The implication is that parents—or in special cases, teachers or counselors—should explain the physical nature of sex and that the clergy should handle the spiritual side. Nothing, in my opinion, could be more unrealistic.

The story of human procreation is a great deal more than the physical detail of how an ovum is fertilized and grown within the mother and finally born into the world, beautiful though that story is. It is also the story of who designed the marvelous machinery of the body, of the soul which lights a new little life, of *why* we are born as well as how.

You cannot separate the physical and spiritual facts of creation any more than you can separate body and soul. When you do, in both cases, you have clay. Nothing else.

Now if this is true of the elementary phases of sex instruction, which involve no great stimulation of the imagination and almost none at all of the emotions, how much more does it apply to any description of the marriage act itself?

For here we are talking to teen-age youngsters whose imaginations are strongly developed and whose emotional reactions are easily stimulated and sometimes explosive. And sex information is not arithmetic. It is a personal thing, intimately bound up with the emotional process.

We have a solemn obligation to see that our youngsters hear and understand this story—with all necessary physical detail, of course—clothed in all the spiritual beauty its divine origin and high purpose require.

Just as important, we must see that our children, *at the same time they are given the physical facts about sexual union*, are taught how to control as well as how to use this God-given function.

Parents, who have the primary responsibility for such instruction, should learn how to combine the biological and spiritual elements of sex so that they can tell the story in its proper setting.

Teachers, who in special cases may have to supplement or even take the place of parents, are usually well grounded in how to explain the physical details of sex. If not, the information is readily available to them. But I would like to urge very strongly here that teachers and counselors also learn how to describe the spiritual background of sex, so that never at any time will any youngster hear about any phase of this important subject without getting the complete story, biological and spiritual combined in its proper perspective.

The very same advice applies to members of the clergy, although for the opposite reason. By training they are well able, of course, to tell the story of creation in all the beauty of its spiritual nature. Many of them have written some excellent pamphlets in this vein. But when it comes to describing the necessary physical details, they all but unanimously take refuge in such generalities as to leave the poor youngster more at sea than ever. Material like this frequently leads young people to compare notes with each other in order to fill in the missing pieces. And that, of course, is precisely what we are trying to avoid.

Let me tell you a little story which will illustrate what I mean by a constructive, cooperative attitude toward this subject on the part of those in religious life.

Last fall I was asked to give a little talk before the Parent-Teacher Association of the parochial school in my home town. At that time the recordings about which you will hear later were not even in script form. Nevertheless, it was possible after a fashion to act out the dialogue—which, as you will see, was pretty frank.

I wasn't too happy to begin with. For one thing, my wife was sitting in the back of the hall, and the experience of doing all the talking while she just listened was, as any husband can appreciate, a new one for me. All around were women we played bridge with, trying to look polite but obviously expecting the worst.

I had just gotten under way when the door in the balcony opened and in filed fifteen nuns. Well, I suppose my jaw must have hit the floor audibly, but I went on talking. Afterwards, I hunted up the Sister Superior, a solid, sensible woman and an experienced educator.

"That was a fine trick to play on an old friend, Sister," I scolded her.

She laughed and said I really had looked a little uncomfortable up there.

"But," she said, "I wanted our Sisters to hear that talk. Of course, we believe it is the duty of parents to give instruction like that. You'd be surprised, though, at the number of mothers and fathers we have to get after because they keep putting it off. Others tell us they just don't know what words to use.

"And then there are some cases where home instruction is out of the question, and the responsibility falls on us. When that happens," she said, "we just can't take a chance of saying the wrong thing."

I believe that each one of us—parents, teachers, counselors, doctors and nurses, clergy and public health officials—has something to learn from the other in handling this important matter of sex information in its proper perspective. And perhaps all of us can get something out of this little story of the humility and open-mindedness and cooperative attitude of one group of religious women with children entrusted to their care.

The Reason Why

Well, we've covered so far the importance of putting a moral base under sex education and the equal importance of seeing that children get both biological and spiritual aspects of the story *at the same time*.

Now, suppose we extend this moral base so that it also supports some of the other phases of family life education in which we are interested. Then let us spell out briefly some of the practical ways in which this can be made effective.

Suppose we begin with a well-known fact of human psychology. We all know that people will respond better to a call for action if they understand and approve the reason for that action.

An army fights better if it knows what it is fighting for. People will back up a government in war or peace, they will contribute to charities and work for a cause, even at great sacrifice, when they understand not only what you are asking them to do, but *why*. Even children, generally speaking, will obey better if parents take the trouble to explain why they should do this and not do that.

Now the only "reason why" which means anything, when it comes to human conduct, is of course the fundamental fact of our creation by God and our obligation to follow the rules of decent living which He has given us. Nothing else makes any sense.

The Army, for example, found this out at least as long ago as World War I. The January, 1921, issue of the JOURNAL OF SOCIAL HYGIENE gave the results of a survey of 13,000 American soldiers in France on venereal disease and the factors that the military authorities had found most effective in combating it.

Number one on the list was the inner urge to stay decent, developed by such factors as "character, religion, love, loyalty and self-respect."

The second most effective were factors which "diminished the opportunity for sex contact," especially efforts to suppress houses of prostitution.

Third were measures to diminish the dangers of contact, such as prophylaxis. Punishment for contraction of VD ranked fourth in effectiveness.

It is interesting to note, by the way, that of the 13,000 soldiers who answered this questionnaire, 34% stated they had remained chaste during their entire service in France—and this period covered from eight months to two years.

Considering battle tensions, the long absence from home and the moral laxity which generally accompanies a war, that is a pretty good record. And the principal factors which made it possible, you will notice, are the same principles of training in moral responsibility we are talking about here.

Home and School

Now let's get back to our original discussion, the "who" and "what" and "how" of teaching this moral responsibility to young people.

I think it should be clear to all of us by this time that we cannot leave the task of grounding children in a sound philosophy of living entirely to the churches. The home and the school likewise have a share in this vital task, and since our contacts are with both, it might be well for us to spell out some ways this purpose can be accomplished.

If moral principles are to mean anything, they should not be left hanging on the walls like mottoes, but made into practical working tools to use in everyday activity, as a carpenter uses his level and plumb line to guide him.

Why is it that one family, with every asset of wealth and environment, will produce a delinquent, while another, at the opposite pole of surroundings and material advantage, will be happy, good neighbors and responsible citizens?

Perhaps the reason is that in the second case God is consciously made a part of the family circle. From babyhood the children are taught who made them, to say their prayers, to thank God for each meal, each new toy. Good humor, fairness and tolerance are encouraged by example as well as precept. Children learn about obedience through the extension of divine authority to parents and others vested with lawful jurisdiction.

It is the same way with honesty and all the other homely virtues. There is a definite relationship established in the child's mind from early babyhood between the reality of God and—through the moral law—every human thought, word and deed. There is our design for living.

So much for the home.

Now, suppose we move on to the school. Here the problem is vastly more complicated by differences in religious belief, by our confusion over the true meaning of academic and religious freedom and separation of church and state and by court decisions in test cases which sometimes run into each other going and coming.

We have just reason to be proud of our American public school system as the finest in the world. Whatever its shortcomings, it is perhaps not too extravagant praise to say that it has only one serious fault. It is almost completely godless.

This is true in spite of the fact that the great majority of our public school officials and teachers are decent, God-fearing people. The hard fact remains, however, that as a practical matter it is almost impossible to mention the name of God in the classroom.

Why is this so important to our present discussion? Because education, and particularly the education for family living in which we are interested here, can never be separated from values—in this case, moral values. And how are we going to lay a foundation for moral values without the bedrock of belief in God, who gave us those moral values?

Can we restore the Creator to His rightful place in our schools without getting involved in sectarian differences or overlapping the functions of church and state?

I think we can. I think we can if we really want to, if we realize how desperately important it is to our country that this brave new generation, which will have the job of rebuilding the world, have

a sound set of moral values. Certainly the Army has had no hesitation, in its character guidance program, in going right to the heart of the matter by frankly acknowledging man's divine origin and setting down certain fundamental precepts of the natural law.

How can we accomplish this in the schools? Considering the practical difficulties to be faced, I think we might limit our efforts to two simple steps:

1. That our children begin each day in school with a little prayer, asking God's blessing on their work.
2. That in all our teaching we reverently acknowledge God as the divine source, not only of life itself, but of the dignity of man on which our democracy is founded, of the physical universe and of our civil rights and duties.

That's all. The rest can be left to the home and the church.

Blueprints, Tools and Help

Now there is one more question in the field of education which has an important bearing on our discussion of tying in moral values with family life instruction. It is a highly controversial one, and I know you will appreciate that I am speaking not as an educator or as the representative of any group, but merely as an individual parent.

It has been the traditional boast of many of our distinguished institutions of higher learning that they are primarily concerned, not with the mundane and constantly shifting details of daily living, but with eternal, unchanging values. Their purpose is to equip the student with a yardstick, as it were, against which he may measure any situation, and to sharpen his mental and moral endowments so that he can make his own way.

Now there is considerable to be said in favor of this philosophy. Certainly it is impossible for any institution to keep up with all the shifting currents of modern life, much less to see into the future. Yet I venture to suggest that the world in which we live today has become far too complex for us to be satisfied with handing a student a set of tools and a blueprint. We must also help him build his house.

To bring this down to our own field, suppose we take the question of continence before marriage. Not only for moral but even for social reasons, most authorities seem to agree that it is desirable for both parties to enter marriage without previous sexual experience.

It will do a mother little good to talk to her daughter about the virtue of chastity, however, unless she can also help her decide whether a certain amount and kind of petting with a certain boy

under certain circumstances will endanger her chastity or not. The application of principles, in other words, has become almost as important as, and even more difficult to work out than, the principles themselves.

Whose Job Is It?

Well, now we come to the final stage of our discussion. Who should be responsible for education for family living, and particularly for sex instruction?

There has, of course, been a great deal of controversy generated over this question, with groups of embattled parents and teachers arguing whether or not sex education should be given in the schools. Yet, as so often happens, when you analyze all the reasons on both sides, you find that the area of agreement between the warring factions is much broader than where they disagree. For instance:

1. Nearly everybody agrees that children should have competent instruction in the necessary facts of sex, not only as a matter of right, but to protect them from the consequences of the distorted half-truths heard in back alleys which were the only acquaintance many of their parents had with the subject when they were young.

2. Most educators and other competent authorities, I believe we can assume, agree that the ideal method is for parents to instruct their own children. The American Social Hygiene Association, for one, has repeatedly emphasized this principle.

3. Parents who have taken the trouble to think the matter through will recognize, on the other hand, that the teacher, the counselor, the social worker and the clergyman cannot be left out of any intelligent planning on this problem either. Quite the contrary.

In the first place, there will always be parents who cannot or will not undertake this important obligation themselves. Someone will have to teach their children.

Next, we already have in many school curricula subjects like biology, home economics, the social sciences and so on, which cover certain points of sex information or other phases of family life education. It would be far better, in my opinion, to concentrate on perfecting and spiritualizing the courses we already have, integrating new material into them where necessary, than to set up special courses in sex education alone.*

* The American Social Hygiene Association and other responsible agencies working in this field have repeatedly stressed the point that such material should be integrated into the appropriate place in the general school curriculum rather than be handled in an isolated teaching unit.

Finally, even children from happy homes will often come to their teacher—if she is a good teacher and has won their confidence—with some question about their bodies or about marriage or some problem of living. I believe most authorities would agree that such situations should be handled quietly and naturally on the spot, although preferably in private.

Now when all this is said, we still have one very important reservation. This is a personal conviction, and you don't have to agree with it, but I say it very seriously as a parent.

I believe that *group* instruction of young people in the advanced stages of purely sexual matters is psychologically and pedagogically unsound, and may be morally dangerous.

I believe that whatever biological information concerning the human body may be necessary in the schools should never be given as just another example of the reproduction of a species, one step beyond cats and tadpoles; that it should be clothed in the beauty and dignity appropriate to a divine act of creation; and that this story should be given, not by itself, but as part of continued and integrated instruction in the nature and obligations of family living.

Recommends Private Instruction

I believe, finally, that in cases where it becomes necessary for the teacher herself to fill the role of parent in discussing intimate sex questions with a youngster, such instruction should be given privately, as much or as little as may be necessary at the moment, and with proper regard both for spiritual values and for the characteristics of the individual child.

Whatever may be our separate convictions on these points, I imagine we can all agree that parents need our help. It would be tremendously constructive, in my opinion, if school officials, teachers, counselors and other qualified experts united with clergy representatives of the various faiths in each community and worked out a practical program to help parents do their own job better in this important field.

Such a program need not involve filling parents full of a mass of biological information which probably would only confuse many of them. It should consist of giving them simple helps whereby, in their own way, they may be able to tell their children the story of life, not only in its physical details, but with all the beauty of its spiritual meaning.

It was in response to just such a demand from parents that the dramatized recordings I mentioned earlier, and that we will play for you now, came to be made. They were extensively "road-tested" before being professionally recorded, but even now they are intended only to suggest useful phrases and situations, not to be committed to memory. Obviously, no one can lay down hard and fast rules for handling situations that will vary from one home to another and from one child to another.

Planned for Parents

You might be interested in hearing how these recordings were developed. The original scripts were recorded at the Fordham University radio station last March, using semi-professional, volunteer talent. This set was then played for parents' groups in New York and New Jersey, and the scripts were revised in the light of their comments and suggestions. Now we have the final recording with professional actors.

You will notice that the scripts, despite their spiritual overtones, are deliberately designed for non-sectarian use.

Our own feeling is that the best way to use this material is before parents' groups. In fact, it was designed for that purpose. We have had a competent authority introduce the subject first, in order to establish sex instruction in its proper relation to the broader field of family life education, and to give more background on the spiritual origin and purpose of sex than was possible in the recordings. After each record, the parents were invited to ask questions or suggest different ways in which they would have handled the same subject.

Later on, we also propose to put out a pamphlet containing a suitable introduction to the subject, the text of the recordings and a stenographic transcript of one of our sessions in which parents and experts exchanged questions, answers and suggestions. This will be in response to requests from many parents who wanted a "take home" piece to refresh their memories and refer to when needed.

Well, Dr. Stokes' challenge to me, which I mentioned in the beginning of this paper, has now become an opportunity for you. It is a double opportunity, in fact. First, to mobilize your specialized training and teaching talents in an organized effort to help parents do their own job better in this vital field. Second, to join with parents and religious leaders in building a solid moral foundation under sex instruction and family life education.

Only thus will it have the dignity and purpose God intended it to have, and which the new generation so desperately needs.

HOW BABIES ARE BORN

First of Four Recordings for Parents

(MUSIC: SUITABLE INTRODUCTORY THEME . . . DOWN UNDER BRIEFLY AND OUT)

ANNCR: This is the first of a series of four recordings on a problem that bothers so many parents today, "What should I teach my child about sex—and, particularly, *how* should I go about it?" . . . It is intended for use by parents' organizations and PTA groups—not for children.

It is not designed to be followed word for word, but to serve as a basis for discussion, as an illustration of how the beautiful story of creation can be told to children in a frank but perfectly natural way that combines both spiritual and biological elements. Only you, the parent, can decide how and when to give these instructions to *your* child. But these little scenes, by suggesting a phrase, or a situation, may make your talk easier.

In this first recording, a little boy—who might be four or six—has just discovered that the neighbors' dog has given birth to a litter of puppies. Out of this natural situation arises the first question usual in all sex instruction—"Where do babies come from?" The father (who might be you) answers him truthfully, seriously, but in a natural, informal way.

Notice two things. First, the father introduces the name of God and the divine plan of reproduction very early, and this identification of God with creation carries naturally through the dialogue. Second, although the father answers the boy's further question, "How does a baby get out of its mother's body?" he gives a minimum of feminine anatomy at this stage and avoids arousing empty curiosity.

In real life, this instruction might extend over two or three talks. The child's curiosity should govern, though we should be careful not to give him more than he can handle at first.

(MUSIC: BRIDGE)

(SOUND OF WOOD BEING SAWED . . .
SLOW, LABORIOUS)

JIM: (IN CADENCE WITH SAW STROKES . . . VERY SERIOUSLY TO HIMSELF, BUT *NOT* MELODIOUSLY, TO TUNE OF "VOLGA BOATMAN"). Saw-that-wood . . .

Saw-*that*-wood . . . How-I-hate-to-saw-this-fiiyer-wood! (TO HIMSELF) Whew!

(STOPS SAW)

(TO HIMSELF . . . TALK) Golly, if I don't get a lame back out of this, I . . . (CALLS) Shirley! . . . Hey, Shirley!

(WINDOW OPENS A LITTLE OFF . . . AFTER
COUNT OF TWO)

SHIRLEY: (OFF AND PROJECTING) Did you call me, Jim?

JIM: (HE'S ON MIKE . . . PROJECTS) Yeah—I just had a bright idea. Is there any chance, do you suppose, to buy us a power saw by stretching the budget?

SHIRLEY: What budget?

JIM: Why, uh . . . (DOUBLE TAKE) Now, look here—

SHIRLEY: (LAUGHS) Jim Coster, you're not a very convincing martyr. If you'd only get out and do some exercise once in a while, you wouldn't mind sawing that little pile of wood.

JIM: (OFFENDED) Whaddaya mean, exercise! I love to saw wood! (STARTS IN AGAIN . . . TO CADENCE WITH SAW) (SAVAGELY) *I-love-to-saw-wood . . . I-love-to-saw-wood . . .*

SHIRLEY: (LAUGHS UNDER HIM & CLOSES WINDOW, FADING HERSELF OUT)

JIM: (AS SOON AS WINDOW IS SAFELY CLOSED, STOPS SAWING AND MUTTERS TO HIMSELF) Humph—might as well be in a chain gang!

BILLY: (ABOUT SIX) (RUNNING ON . . . OUT OF BREATH) Daddy! Daddy! (ON MIKE WITH RUSH OF FEET) Guess what, Daddy! Guess what!

JIM: Hi, Billy . . . where's the fire?

BILLY: (THE WORDS TUMBLE OUT) Daddy, old Bess just had a litter of puppies! They're in that tool shed back of Dicky Lord's place next door. *Six* of 'em! They're so tiny I can hold one in my hand. They can't even open their eyes yet. C'mon, Dad, you *gotta* see them!

JIM: Well, I guess this calls for a little inspection trip. (CALLING) Shirley! I'm going to investigate a new family next door.

SHIRLEY: (OPENS WINDOW OFF MIKE) Have fun! I'm sure that saw will work better when you get back!

"How did the puppies
get there?"



(THEY WALK ON GRAVEL . . .)

JIM: Billy, your mother is a wonderful woman, but sometimes I think she just doesn't understand us men!

BILLY: (STILL EXCITED—HE HAS A ONE-TRACK MIND) Here we are, Dad—just on the other side of the hedge, in the shed.

(HINGE SQUEAK—OPENING SHED DOOR)

Look at 'em, Dad. . . . Aren't they cute?

JIM: My gosh. Well, that's quite a family, Bess, old girl! You did all right for yourself!

BILLY: (A PAUSE) Dad . . . Hey, Dad . . . How did the puppies get there? I mean—before, there weren't any, and all of a sudden, here they are!

JIM: Why, God made them, Sonny, just like He made everything.

BILLY: Yeah, I know that, but—how did they *get* here?

JIM: Well,—uh—let's see—well, it was like this. Everything that's alive grows from a tiny seed. You know the little tomato seeds you and Nancy planted in your garden, and how they grew into nice, red tomatoes?

BILLY: Yeah.

JIM: Well, it's the same way with puppies. God planted little seeds inside old Bess's tummy, and they grew into puppies.

BILLY: (EXCITED) The puppies came from *inside* Bess?

JIM: That's right . . . Remember how fat she was getting? That's because she was carrying the puppies inside of her.

BILLY: Geeee! (PAUSE—A SUDDEN THOUGHT) But, Dad, how did the puppies get out?

JIM: Easy . . . Remember how I told you the hen lays an egg?

BILLY: Yeah.

JIM: Well, it's the same way with puppies. Bess has a tiny opening in her body and it stretches open so the puppies can come through. Then it closes up again. See?

BILLY: Geeee *whillakers!*

JIM: Well, Bess, take good care of your babies. We've got to be getting back.

BILLY: (OVER SOUND OF WALKING) Daddy . . .

JIM: What, Sonny?

BILLY: Daddy, do real babies—I mean . . .

JIM: Do real babies grow inside their mothers too? Is that what you mean?

BILLY: Yeah, do they, Dad?

JIM: Why, sure. But real babies are different from puppies. You see, when God makes a dog or a pussy cat, after a while it dies. And then we bury it in the ground, and there's no more dog or pussy cat. But babies are different.

BILLY: How come, Dad? How are they different?

JIM: When God makes a baby, Billy, it's the most wonderful thing in the world, and here's the way He does it. First He takes a tiny seed from inside the daddy. Then He plants the seed inside the mother. And then He breathes into that something we call a soul.

BILLY: A soul? What's that? I never saw one, did I?

JIM: No, Son. We can't see the soul, but it is the most wonderful part of the new baby. Because when the baby grows up to be an old man, and dies, they bury his body in the ground. But his soul goes to Heaven and lives with God forever.

BILLY: Forever and ever?

JIM: That's right.

BILLY: (PAUSE) But, Dad, how do real babies get out of their mothers?

JIM: Well, that little egg that I told you about—God breathes a soul into it, and it starts to grow. It grows for nine whole months inside the mother, right under her heart. And then, when it is ready to come out, the mother goes to the hospital so the doctor can help her, and the baby slips through a tiny opening in her body.

BILLY: You mean, Mummy has a *hole* in her body???

JIM: Why, sure. We all have different openings in our bodies, for different things. You have holes in your nose to breathe through. And a mouth to stuff cookies into.

BILLY: Yeah, that's right.

JIM: Well, mothers have a little opening between their legs, and when the baby comes through, it stretches wide. Then it closes up again. See?

BILLY: Geeee! (PAUSE) Gee! Wait'll I tell Nancy!

JIM: Well—ah—uh—I think we'd better keep this a secret just between the two of us for a while.

BILLY: Does Mummy know?

JIM: Yes—(DEAD PAN) I think Mummy knows. But Nancy's only a baby yet, and she wouldn't understand. Later on, when she's as old as you, we'll tell her too.

BILLY: There's Mummy now. I'm going to tell her about the puppies.

JIM: (WHISTLING—STOPS, CHUCKLES TO HIMSELF) "Does Mummy know?" Wait'll I tell Shirley that! (WHISTLES AGAIN—INTO . . .)

(SOUND OF SAWING, RHYTHMIC & EVEN THIS TIME)

Hey, Shirley!

SHIRLEY: Yes, Jim?

JIM: Danged if this thing doesn't work better at that! Goes to show I don't know my own strength!

(BOTH LAUGH—INTO. . .)

(MUSIC: PROGRAM THEME UP AND OUT)

MENSTRUATION

Second of Four Recordings for Parents

(MUSIC: SUITABLE INTRODUCTORY THEME . . . DOWN UNDER BRIEFLY AND OUT)

ANNCR: In the first recording, remember, the father waited for his little son's question. In this scene the mother herself leads into the subject of menstruation with her daughter, who might be ten or eleven, perhaps older. The obvious reason is to make sure that a girl knows both the natural and the spiritual significance of this function *before it happens*.

Parents are the best judges of the proper time and place for such instruction, but a good rule to follow here is "better a year too early than one week too late."

Notice how the mother starts with changes her daughter can see—the outer growth of her body and then the inner maturing which comes with adolescence. There is an obvious bond of confidence between mother and child, which is essential in all sex instruction.

Notice, too, how both the naturalness and holiness of the menstrual function are explained by the mother. There is an emotional overtone here, too, which contrasts with the more matter-of-fact presentation to boys.

Here again, for convenience, the subject matter of perhaps two or more talks has been compressed into a single scene.

(MUSIC: BRIDGE)

(EGG BEATER GOING SPASMODICALLY—WOMAN HUMMING OVER)

MOTHER: (HALF TO HERSELF) Let's see now . . . fold in the whites.

(EGG BEATER AGAIN)

BETTY: (ABOUT TWELVE—OFF MIKE) Hi, Mother!

(BANG OF DOOR)

(ANOTHER BANG OF BOOKS, ETC., BEING DROPPED ON FLOOR)

Watcha making—cake? Umm-yum!

MOTHER: Betty O'Brien, get your fingers out of my icing this minute! And how many times have I told you to hang up your coat and put your books in your room when you come in?

BETTY: (IRREPRESSIBLE) What's it worth to you, Mums—licks on the bowl?

MOTHER: (LAUGHING IN SPITE OF HERSELF) Betty, you're impossible! When are you going to start growing up?

BETTY: When am I going to finish, you mean. (DRAMATICALLY) Behold the evidence of old age descending on your darling daughter, Mrs. O'Brien. Watch this coat sleeve! Watch it closely, now—an inch, two inches. Why it's crept halfway to the elbow before your very eyes!

MOTHER: (DESPAIR) Betty! Your father just bought you that coat a year ago, and it was too *big* then. Let's see, I don't suppose we can let that sleeve down any more.

BETTY: Now, Mother! You're just *not* going to buy me another new one. I just won't have it (SLYLY) unless, of course, you twist my arm enough!

MOTHER: It's twisting your neck I should be doing! (SIGH) But you *are* growing up, Betty. I can see that.

BETTY: The scales don't lie, except when Daddy gets on them! (DREAMILY) Mmm, I hope I have a figure like Phyllis Graham's.

MOTHER: Betty, be serious for once!

BETTY: But I *am* serious. Oh, oh! I can feel a Motherly Talk coming on. I know that look in your eye!

MOTHER: (LAUGHING) I declare to goodness, sometimes I don't know whether to hug you or paddle you! You know so much—and yet—(TRAILS OFF)

BETTY: And yet *what*, Mums?

MOTHER: I was about to say—and yet you know so little.

BETTY: I'm sorry, Mums, I'll be good, really. What were you going to tell me?

MOTHER: Nothing much, honey. It's just that—well, with all these changes you can *see*—getting taller, your breasts beginning to grow, and so on—there are other changes going on inside of you.

BETTY: Inside of me? What kind of changes, Mother?

MOTHER: Remember my telling you when you were little how babies grow inside their mothers?

BETTY: Mm—hmm.



"What kind of changes, Mother?"

MOTHER: Well, from now on through your teens, the wonderful machinery inside your body that will hold and nourish a baby when you are grown up, if God calls you to the married state, that machinery will begin to develop.

BETTY: (EAGER) Really, Mums? Tell me about it.

MOTHER: Well, to begin with, every woman has two small organs within her body called ovaries. Each month, one of them produces a tiny egg, or ovum as the doctors call it.

BETTY: Is that the egg the baby grows from, the one you told me about when I was little?

MOTHER: That's right, dear. You see, God knew that when He *did* will to create a new little soul inside the mother, the tiny body would have to be nourished so it would develop from a little egg to a full grown baby.

BETTY: Uhuh.

MOTHER: Well, so wonderfully has God designed our bodies that each month, as one of the ovaries produces an egg, blood is accumulated in the lining of the uterus, or womb.

BETTY: That's where you carry your baby, isn't it?

MOTHER: Yes, dear. Now, when a woman is married, the seed from the father which I told you about is planted inside the mother's egg. And this egg fastens itself to the wall of the uterus. That is what the blood is for, to nourish the tiny body until it is ready to be born.

- BETTY: Oh! That's—that's wonderful, isn't it, Mother? Does that happen *every* month, even before a girl is married?
- MOTHER: That's right, honey. It's part of the whole, complicated process that the doctors call ovulation and menstruation.
- BETTY: But does the blood come anyway, even when there is no baby to need it?
- MOTHER: Yes, but it doesn't stay there in the uterus when there is no baby. When the egg is not fertilized, it dissolves and the blood simply flows out through the vagina. Then the whole process starts all over again the following month.
- BETTY: You mean, you sort of—bleed?
- MOTHER: Not exactly, dear. The blood is simply stored up for a particular purpose, and when it is not needed, it just passes off. It's a perfectly natural bodily function—and a holy one, really, when you consider that it's part of God's wonderful plan for creating new little souls in His own image.
- BETTY: (SLOWLY) Oh.
- MOTHER: That's why I'm telling you now about those changes which are beginning to take place in your own body. Some day—it may be soon, or it may not be for a year or so—you will have your first period, as it is called. Normally, it lasts three to five days, but at first it may be only a trace and may not come regularly every month.
- BETTY: But, Mother—when it happens, what'll I do?
- MOTHER: When it does, dear, just come and tell me and I'll show you how to take care of yourself and your clothes. The thing to remember always is that this is a natural thing, a holy thing. It means that God is preparing your body for the wonderful calling of motherhood, if that is His plan for you.
- BETTY: I understand, Mother. And—and—thanks for being so sweet.
- MOTHER: (CHANGE TEMPO) All right now. Get those books picked up before your father gets home or he's likely to forget you're growing up and use the slipper on you!
- BETTY: I'm on my way, Mums—but first, how about licking the bowl?
- MOTHER: (LAUGHS) Betty O'Brien, I wonder if you'll ever *really* grow up?

(BETTY LAUGHS GAILY TO . . .)

(MUSIC: PROGRAM THEME . . . UP AND OUT)

PROBLEMS OF PUBERTY

Third of Four Recordings for Parents

(MUSIC: SUITABLE INTRODUCTORY THEME . . . DOWN UNDER BRIEFLY AND OUT)

ANNCR: This scene deals with the subject many fathers find so difficult—"wet dreams" and the explanation of physical intercourse in the marriage union. The boy might be as young as nine or as old as fourteen, and his age should govern the amount of detail given.

As in the previous record, the comradeship between father and son is obvious. They share little man-to-man confidences, and the years have seen many small talks between them.

Notice particularly three points in this recording. First, the unabashed, normal use of such technical terms as penis and sperm. These flatter a boy's sense of responsibility. Next, the coupling of sex information with instruction on purity. Virtue is described, not as something for sissies, but as a protecting armor the strong man throws around the God-given creative power in his body. Finally, the groping of the father for the right words, the lack of glibness, the occasional touches of humor, all indicate a natural approach that is true-to-life.

(MUSIC: BRIDGE)

(SOUND OF BOXING GLOVES . . . THUDS AT UNEVEN TEMPO . . . THEN OUT AS FATHER SAYS:)

FATHER: No, no, Bob! A good boxer *never* leads with his right! Here, let's try it again. Don't leave yourself open, now.

(RESUME SPARRING . . . ONE GOOD WACK INTO DAD'S TUMMY)

Ungh! (WINDED) Time out!

BOB: (HE'S THIRTEEN . . . CONCERNED) Go'lly, did I hurt you, Dad?

FATHER: Nooo, but I don't like that left hook of yours poking me where my waistline used to be. Guess you're getting too fast for your old man to spar with, any more.

BOB: (LAUGHS) Sissy! Come on, Dad. Let's grab a coke out of the ice box.

FATHER: Good idea.

(REFRIG. DOOR . . . BOTTLES, ETC., UNDER)

Let's take 'em up to your room. What do you say?

BOB: Sure, why not?

(REFRIG. DOOR CLOSES . . . THEY WALK . . .
UPSTAIRS . . . UNDER)

FATHER: (GOING UPSTAIRS) Your mother would give me the devil if she were home and saw me horsing around with you this way.

BOB: (HE KNOWS) Yeah, she says you're getting too old for sparring.

FATHER: Too old, at my age! Can you imagine!

(THEY'RE UPSTAIRS . . . OPEN DOOR UNDER . . .)

BOB: C'mon in, Dad—have a chair.

FATHER: Thanks.

BOB: No, you take the easy chair, Dad.

FATHER: Now, listen, young fellow—I'm not *that* old! (BOB LAUGHS)
Think I will, just the same. (SITS WITH SIGH OF RELIEF)

(OPENS COKE BOTTLES)

BOB: Here y'are, Dad. That'll make you feel better.

FATHER: Umm—yes. (TAKES A SWIG) Good! (THE CAREFUL
LEAD-IN) You know, Bob, you're getting to be a pretty big fellow! Yes, sir—maybe this is a good idea. Chance for us to have a little talk.

BOB: Why, sure, Dad. What's cookin'?

FATHER: Mind if I smoke in your room?

BOB: (PLEASED AT BEING ASKED) Why, no, Dad. Go ahead!

FATHER: Thanks. Your mother'll probably have a fit. She just had the curtains washed. (PUFFS AS HE LIGHTS PIPE . . .
BOB CHUCKLES. THROUGH PUFFS) Remember the last time we talked about this old body of ours, Bob?

BOB: Yeah—yeah, I remember, Dad.

FATHER: (TRIES ANOTHER MATCH AS HE TALKS) Remember I told you that when two people get married they become like one person, spiritually, mentally, physically?



Now that he's experimenting with
Dad's electric razor . . .

BOB: Yeah—I—ah—remember you said that, Dad.

FATHER: I guess that didn't make too much sense, then.

BOB: Well, I *have* sort of wondered about it a couple of times since.

FATHER: Sure you have. But don't let that worry you. You didn't learn algebra in fourth grade grammar school, did you? And now that you've started experimenting with my electric razor . . . (HE PAUSES . . . THEY BOTH CHUCKLE) Well, maybe you're ready for the next grade.

BOB: Shoot, Dad. I'm all ears. Here's a match. Your pipe's out again.

FATHER: Thanks. (STRIKES IT AND PUFFS UNDER) Well, to begin with, you ought to know the medical terms for certain parts of the body. Every family has its own set of names, and you youngsters had the most original ones I ever heard. But when a doctor speaks of the male organ, he calls it the penis.

BOB: Yeah, I know that already, Dad.

FATHER: Now this organ is one of the most wonderful examples we have of how carefully God planned everything for a particular purpose.

BOB: I don't get you.

FATHER: Well, when a man and a woman are married, Bob, they love each other very much, and in showing this love their instinct is to embrace each other, as if—oh, as if to try to become the "one person" God intended them to be. Well, Son, so closely has God connected our emotions with our bodies, that this embrace by the husband and wife arouses in each a great desire for physical oneness. And that's exactly the way God planned it, for the penis of the husband actually passes

into his wife's body. That's what we mean by being "one" physically.

BOB: Gee! Is that what happens when people get married?

FATHER: That's right. Now when the penis has entered, it ejects a fluid which contains the seed—or sperm, as the doctors call it.

BOB: Is that the seed that helps make a new baby?

FATHER: You bet. But here's the important thing to understand now. All those changes in our bodies which make a boy into a man don't happen overnight. Some of them are going on inside you right this minute.

BOB: (EAGER) Golly, Dad, what changes? (WITH A MISCHIEVOUS GRIN) You mean the electric razor?

FATHER: No, you rascal! And don't let me catch you monkeying with mine for another couple of years yet! (SERIOUS AGAIN) No, Bob, what I'm talking about now is the fluid that contains the sperm or seed. It's formed in two little sacks beneath the penis, which we call the testicles. One of these nights, before very long, you may find that some of it passes off in your sleep.

BOB: (SUDDENLY SHOCKED) But, Dad, that's wrong, isn't it? I mean . . .

FATHER: (CALM, NATURAL) No, Son, it's not at all wrong. It's true that to waste the seed *deliberately*, to do anything knowingly to make it come, is a very grave sin, because God designed that secretion in a man for one purpose, to be—well, like one of His raw materials in the creation of a new life. But "wet dreams," as we call them, are very different. You see, the body manufactures that fluid all the time, and when the supply becomes too great, as it does sometimes before men are married, Nature opens a sort of safety valve in your sleep and it passes off.

BOB: Gee, our bodies are complicated, aren't they, Dad?

FATHER: You bet, more complicated than the biggest dynamo ever built. Only God could make our bodies. (BREAK)

BOB: (A NEW THOUGHT STRIKES HIM) But, Dad, why do fellows get these—these feelings *before* they get married?

FATHER: That's a good question, Bob. To begin with, this business of propagating the human race is quite a job. In spite of modern medicine, childbirth still means a certain amount of pain for the mother. As for the father—well, you'll find out what it's like to buy groceries for a crowd like this soon enough!

BOB: You mean—maybe some people might not want to have children, otherwise?

FATHER: Something like that. So in order to make sure this old world would be populated, God made the desire of man for woman one of the strongest of all human instincts. Something like the way He made food taste good, so we'd be sure to get our vitamins each day.

BOB: Golly! The way He figured everything out!

FATHER: He sure did. But—now here's the important thing. This feeling of desire, like our appetite for food, was instituted for its own special purpose in God's scheme of things. You know what happens when you stuff yourself with cake and cokes until you're ready to pop.

BOB: Sure! I get a stomach-ache!

FATHER: You bet. Well, it's the same way with desire. Men begin to feel it occasionally as soon as they start to grow up. I did when I was a boy. You will too. But always think of this. Whenever you feel the stirrings of desire within you, remember that God is getting your body ready for the great calling of fatherhood, to be His partner in creation. So guard that desire, as something holy. Don't waste it. Keep it unspoiled for the girl who some day will be your wife. Get it?

BOB: Got it, Dad.

FATHER: Fine. If you have any questions, come and tell me about them. And now, about any of those thoughts you were asking about. Don't let them worry you. When they come, and they will every so often, remember that you can *always* knock them kicking with this simple one-two punch: a quick little prayer, then some work, any work or sport as long as it's hard!

(QUICK CHANGE) Which reminds me. How about coming out in the back and seeing if you can sneak that new curve past me the way you did last Saturday?

BOB: (PICKING HIM UP) G'wan! That's easy. You couldn't hit that curve if it was a basketball!

FATHER: (GOING AFTER HIM AS BOB LAUGHINGLY DUCKS AWAY) Why you fresh young Turk! I'll show you why I hit .360 with the Bearcats . . .

(AS HE GOES OUT DOOR AFTER BOY) Trouble is you kids think anyone over 21 has to travel in a wheelchair.

Oooh-ouch! There goes that confounded back of mine again!
(TRAILS OFF MUTTERING AS BOB'S LAUGHTER
FLOATS UP THE STAIRS)

(MUSIC: PROGRAM THEME . . . UP AND OUT)

THE MARRIAGE UNION

Fourth of Four Recordings for Parents

(MUSIC: SUITABLE INTRODUCTORY THEME . . . DOWN UNDER
BRIEFLY AND OUT)

ANNCR: This is perhaps the most beautiful, and also the most useful,
of the four recordings.

How many times have even the best of mothers stumbled into embarrassed evasiveness when it comes to the fateful words which would properly describe the physical union of husband and wife? The result, of course, has been that many young girls have had to pick up this information piecemeal from companions, or else have gone into marriage with an incomplete knowledge which could mean great unhappiness for herself and her young husband.

Actually, the essential facts of the physical union can be used to illustrate the sublime spiritual beauty of marriage. The story is given truthfully, simply, yet with an economy of detail which enables the young girl to take in this final chapter in the story of creation without shock or embarrassment. The frank use of technical terms is never allowed to detract from the basic beauty of the Divine Plan.

Notice one striking innovation here—the fact that *both* parents give the instruction together. This would not be possible, unfortunately, in all cases, but it has tremendous advantages. The way father and mother supplement each other, the blend of the physical and spiritual, the light touches of family humor—all these keep the scene natural and free from undue embarrassment. And they round out the true ideal of family unity which is the cornerstone of marriage.

(MUSIC: BRIDGE . . . SEGUE TO . . .)

(VICTROLA—LAST STRAINS OF “I’LL BE LOVING YOU ALWAYS”
—MUSIC DOWN UNDER TO:)

KITTY: (FIFTEEN) Mmmm—*mh!* I like sweet music, don't you, Mother?

MOTHER: (ABSENTLY—SHE'S KNITTING) Mmm—I suppose so.

KITTY: I can always study best when there's soft music playing.

MOTHER: I don't see how you can concentrate.

KITTY: That's nothing. That son of yours always has one of those Cab Calloway records going full blast upstairs when *he's* studying, and he has those awful medical books to wade through. (THIS REMINDS HER OF SOMETHING) Uh . . . Mother . . .

MOTHER: Yes, dear.

KITTY: Mother, what do . . . husbands and wives do when they get married?

MOTHER: (STARTLED IN SPITE OF HERSELF) What do husbands and wives—(QUICK RECOVERY—CASUALLY NOW) Why do you ask, dear? . .

KITTY: Well, there were some drawings in Bob's textbook. I didn't mean to look at them, honest. And then some of the older girls—well—

MOTHER: You mean they talk about . . . things, sometimes?

KITTY: Yes! Only they stop when they see me coming.

MOTHER: (MUSINGLY) "What do husbands and wives do when they get married?" It's quite a beautiful story, dear. And I suppose it's time you knew. Let's ask your father to come in, too.

KITTY: (IN SUDDEN EMBARRASSMENT) Daddy? Oh, no!

MOTHER: (CALM) Why not?

KITTY: But, Mother, he's a *man!*

MOTHER: Kitty, what a husband and wife do when they are married is the last chapter of a story I started telling you when you were a little girl, the story of how you were born. And since your father and I joined with God to give you life, it's only natural that we should tell you that story together, isn't it?

KITTY: Why—yes, Mother. I never thought of it that way.

MOTHER: Getting him away from those boxing bouts on the television will be something else, I'm afraid. (CALLING) George! . . . Oh, George!

FATHER: (OFF MIKE) Call me, Jane?

MOTHER: Yes . . . Come here for a minute, will you, George?

FATHER: (OFF MIKE) But Jane, Robinson's got him on the ropes and—(EXCITEDLY, FADING OFF) He's down!

MOTHER: (RESIGNEDLY) See what I mean? (KITTY GIGGLES) George! Come here this instant! It's important!

FATHER: (COMING ON MIKE) Good night, Jane! Do you *have* to think up something "important" every time there's a good fight?

MOTHER: (WITH A MEANINGFUL INFLECTION) George, Kitty was just asking what husbands and wives do when they get married. I thought it might be nice if we told her the story together.

FATHER: What husbands and wi . . . (RECOVERS) Why—sure, Kitten. You start it off, Mother. I'll put in my two cents' worth as you go along.

MOTHER: Well, dear, you remember in religion class how you learned that marriage makes two people one?

KITTY: Mm-hmm.

MOTHER: It makes them one in mind, one in spirit and one in body. Now think back to when you were a little girl. Remember how you used to hug that raggedy stuffed doll of yours?

KITTY: (EMBARRASSED LITTLE LAUGH) Yes, I suppose I hugged the stuffing right out of her. I—I guess that was pretty silly, wasn't it?

FATHER: Shucks, no. You were doing just what all human beings do when they love someone.

MOTHER: That's it. We all instinctively want to be "one" with the person we love, so we like to be near them and hug them close. Remember how we cuddled you when you were little?

FATHER: When we weren't using the slipper on you!

KITTY: (TEASING HIM) Why, Daddy, how can you say such a thing? You *know* I was a model baby!

FATHER: (CHUCKLE) Well, guess I've seen worse.

MOTHER: George, you're no help at all. Be serious for once in your life! . . . You see, dear, this human desire to be united with the one you love was planted in all of us by God for a purpose—and it carries over into married life.

KITTY: But how, Mother?

MOTHER: I'm coming to that. You see, when God made a man's body and a woman's body, He so designed them physically that they could become like one body in marriage, just as they become one in mind and in spirit.

KITTY: But I don't understand *how*.

FATHER: Of course you don't, Kitten. When your mother speaks of God making men and women differently, she means that a man comes out and says what he has to say, while a woman always has to beat around the bush. (BOTH LAUGH)

MOTHER: Now, George.

FATHER: Look, honey. Remember when you busted into the room one day when Mother was changing Jimmy, and you first noticed that he was made differently from you?

KITTY: Yes, and you told me it was so you and Mother would know which of us was a boy and which was a girl.

FATHER: That's right. And with you the tomboy you were, it was about the only way we *could* know! . . . Well, God had another reason, too. Remember later how your mother told you about the different openings in your body, and what they were for?

MOTHER: Yes, I told you there was a tiny opening in the folds between your legs called the vagina—and that when you were married, and if God sent you a baby, the baby would come through that opening when it was time for it to be born.

KITTY: Yes, I remember, Mother.

FATHER: You see, Kitten, God designed that opening in your body for another purpose, too, and that's where this business of desiring to be one with your husband comes in . . . When a man and a woman are married, their love makes them want to embrace each other closely—and this is a very holy thing. For God so made a man and a woman that part of the man's body, which we call the penis, can actually pass into his wife's body, through the vagina.

KITTY: Oh . . . But, Mother . . .

MOTHER: (NOT GIVING HER A CHANCE TO FEEL EMBARRASSED) That is a great deal more than a physical union, dear. When it is properly completed, in marriage, both the husband and wife experience a spiritual joy that is beyond words to describe.

FATHER: And here's why, Kitten. That union was designed by God for another purpose, too. In fact, this one is the most important of all. Remember our telling you once how a seed from the father passed within a tiny egg that grew inside the mother, and that this was how God created a baby?

KITTY: Yes, Dad.

FATHER: Well, it is when a husband and wife are joined in this physical oneness that the seed passes from the husband into his wife. And there God, if He so wills it, creates a new little soul.

MOTHER: That is why both Daddy and I love you so much, honey. You see, you're part of each of us.

KITTY: (NOT EMBARRASSED NOW—BUT STILL A LITTLE OVERCOME) Oh, Mother—That's—that's so *different* from those things the girls at school were saying—I mean. it sounds so—so *beautiful*, and . . .

MOTHER: It *is* beautiful, dear. And that's why God wants us to guard our bodies—and our minds, too—until we are married. Just the way I'm keeping my wedding dress spotless for you until your very own day comes.

KITTY: (TOUCHED) That's sweet, Mother—I'll remember . . . (YAWN) My goodness, look at the time—and I have an exam tomorrow . . . (KISSES EACH LIGHTLY) 'Night, Dad. 'Night, Mother.

FATHER: (AFTER FOUR-SECOND PAUSE) Well . . . (CLEARS THROAT—DON'T BURLESQUE THIS) That wasn't too bad, was it?

MOTHER: (SMILING) They act *so* grown up sometimes. but they're really such babies.

FATHER: No more of a baby than you were when I married you! (WARM LITTLE LAUGH)

MOTHER: (REMEMBERING) I guess you're right.

FATHER: (PAUSE) Jane . . . Want me to tell you something? It's kind of nice having a couple of grown-up babies around the house. *Very* nice.

MOTHER: Thank you, dear. Thank you very much!

FATHER: (HUMS "I'LL BE LOVING YOU ALWAYS" TO FADE)

(MUSIC: PROGRAM THEME UP AND OUT)

THE PEOPLE IN SOCIAL HYGIENE

The People in Social Hygiene are male and female; fat, thin and pleasingly plump; red, black, brown, yellow and white; tall, short and up to here. They are 19 to 90; rich, poor and just making ends meet.

The People in Social Hygiene have uniquely powerful biceps and triceps, a result of fighting for the right. Most have a couple of extra vertebrae. Hence, "People in Social Hygiene have more than their share of backbone."

They possess abnormal visual acuity. They see further than Other People, take "the long view". They also see backward, forward and around corners, penetrate obstacles. Thus they always base next steps on what has gone before.

The People in Social Hygiene are Protestants, Catholics, Buddhists, Mohammedans and Latter Day Saints. They are Rotarians, Kiwanians, Lions, Jaycees, Altrusans, Daughters of Isabella, PTA's, Phi Beta Kappas, Knights of Columbus, Colonial Dames. They are members of virtually every organization in North, South and Central America, Europe, Asia, Africa, Australia, New Zealand and the islands beyond the seas.

They see their membership in all these organizations as opportunities to further social hygiene goals. Most organizations realize that programs, resolutions, house organs and bulletins must carry a social hygiene message. Otherwise, the People in Social Hygiene can be very tiresome about cooperation and the need for same!

Economists all over the world ask: a) How do the People in Social Hygiene make one dollar do the work of two? b) How do they manage to get a million dollars' worth of social hygiene results for every dollar spent?

People in Social Hygiene are doctors, lawyers, nurses, teachers, members of the Armed Forces, ministers, priests, rabbis, tool and die makers, public health officers, industrialists, housewives, public health educators, social workers, policemen, farmers, salesmen, plumbers, buyers, salesladies, carpenters, policewomen, sheriffs, hairdressers, bankers, boilermakers, judges, corporation executives, stenographers, clerks, mule skinnners, home economists and grocers.

One or two are said to be "retired persons of means". This has not been verified. People in Social Hygiene never act "retired", anyway.

People in Social Hygiene are strong on action. When they act, Other People know about it. For example, when People in Social Hygiene look at VD statistics, they say, "Fine! Last year doctors reported 620,000 cases. This year they reported 573,000. But that is not the end of the matter. What about the cases *not* found? What about the 100,000 children under 10 who have congenital syphilis?"

So the People in Social Hygiene, because *they* see work to do even when Other People are feeling pretty pleased and complacent, roll up their sleeves, limber up their vocal cords, sharpen their pencils and hatch a fresh, new campaign to stamp out VD and keep it stamped out.

People in Social Hygiene are slow to anger. But they get almighty sore about one thing—sexual exploitation of young people by the prostitution racket. They waste neither time nor energy in deploring, bemoaning, headshaking or tut-tut-ing. Not the People in Social Hygiene! They get busy and plan strategy and tactics with their friends, relatives and neighbors. They declare war on vice conditions and on those who plead for "toleration". And they get results.

Combining well-directed maneuvers with unique visual acuity, the People in Social Hygiene eye the impact of war, mobilization and defense and say, "All these things are bound to affect families and young people. We can't assume that these are temporary problems, that families will somehow 'muddle through'. *We're* taking steps."

They Study Their Community's Resources

Yes, the People in Social Hygiene are studying their communities and their resources to prevent personal and family demoralization in these critical times. They're studying their community's cooperation with the Armed Forces in providing character guidance opportunities. They're pressing for parent education and family consultation services. They're encouraging industry to plan ways to preserve the emotional and physical health of workers.

All over the world, the People in Social Hygiene work together. In country after country, during the postwar period, they concentrated on VD control and on the introduction of penicillin therapy for syphilis and gonorrhea. Now they can begin to turn their attention to prevention. Next summer in Paris, at a meeting of the International Union Against the Venereal Diseases, the People in Social Hygiene will sit down together and talk about sex-character education, decide how they can educate to *prevent* VD and go back to their home countries to do it.

Other People often ask, "Don't those People in Social Hygiene ever quit?" Never! When new opportunities open up—the broadening of international social hygiene, for instance—the People in Social Hygiene get down to business all over the world. They exchange ideas, techniques, know-how. The harder they work, the more they see to do.

The People in Social Hygiene won't let Other People rest, either. They keep editors, colleagues, relatives and friends awake nights till they start to spread the Social Hygiene gospel everywhere.

Take a look at the interest everyone is showing in family life education today. You think that's accidental? Not a bit of it! People in Social Hygiene have spent almost half a century, thousands of man-years and every dollar they could lay their hands on to produce books, pamphlets, articles, movies, exhibits and radio programs—not to mention college courses, institutes and adult education—to help parents and others training young people for marriage and family life. They've obtained millions of lines of newspaper and magazine space—all to tell of the need for education for family life, and how to provide it for all young people.

Nobody ever took more seriously than the People in Social Hygiene the slogan, "In union there is strength." That's why they're strong for community organization. They don't stop because they haven't a special social hygiene organization all their own—they know they can do their job in a Health Council, a Council of Social Agencies, a mental hygiene society or a tuberculosis association.

There's only one day when the People in Social Hygiene demand the limelight—not for themselves, you understand, but for the things they believe in. That's NATIONAL SOCIAL HYGIENE DAY. Every February the People in Social Hygiene observe SOCIAL HYGIENE DAY (or week or month, for that matter), in thousands of cities and towns all over the United States, Canada, Central and South America, Great Britain, Japan, France, the Territories, Australia, New Zealand—just about everywhere but Pago Pago. (And Pago Pago is coming along!)

In short, the People in Social Hygiene are convinced. They convince others. If you're not One of Them now . . . you will be soon. Might as well make it today as tomorrow. Join the People in Social Hygiene on SOCIAL HYGIENE DAY. You have to start somewhere!

HAVE YOU . . .

Renewed your ASHA membership for 1951?

Mailed your 1951 subscription to the JOURNAL OF SOCIAL HYGIENE?

BEHIND THE BY-LINES

Edward B. Lyman



Public relations expert and outstanding Catholic layman, Mr. Lyman is assistant to the president of Fordham University; chairman of the Catholic Action Committee, Archdiocesan Union of Holy Name Societies; program director of the Catholic Family Institute; and president of the American Public Relations Association.

As president of the Coordinating Committee of Catholic Lay Organizations, Mr. Lyman promoted the WNBC radio series, "Here's to the Family," sponsored by the committee and heard by 3,600,000 every Sunday last winter.

He spent nearly 20 years with Standard Oil of New Jersey, traveling over much of the United States and Latin America, coordinating public relations activities of subsidiaries. During the war he directed the public and employee phase of the aviation gasoline program for the Petroleum Administration for War in Washington.

Mr. Lyman was associate director of business development for the Cities Service Company before joining the Fordham staff in 1947.

In the Gilbreth tradition, he is a family relations authority from personal experience. "Cheaper by the Half Dozen" might be the title of his memoirs as the father of six.

Charles Walter Clarke, M.D.

Closely identified for 37 years with the social hygiene movement in this country and abroad, Dr. Clarke joined the ASHA staff in 1914 and in 1937 became executive director.

After World War I, during which he was a captain in the AEF, Dr. Clarke directed the VD control activities of the League of Red Cross Societies in Geneva and was a field representative for the League of Nations.

During World War II, he was a consultant to the Secretary of War.

Deeply concerned about local health problems, Dr. Clarke organized the New York City Health Department's bureau of social hygiene. At present he is a consultant to the New York State Department of Health and to the United States Public Health Service.

Born in Seattle, Dr. Clarke studied at the University of Washington and at Harvard and received his medical degree from the University of Edinburgh, where he was a medalist in clinical medicine.

As clinical professor of public health practice, Dr. Clarke has taught at Harvard since 1943. He has written numerous articles for medical journals.

BOOK NOTES

Youth Grows into Adulthood, by Jacob A. Goldberg, Morey R. Fields and Holger F. Kilander. New York, Chartwell House, Inc., 1950. 246p. \$2.88.

Although adolescents of high school age will derive the maximum benefit from this book, parents, teachers and youth leaders will find much material of practical assistance to them.

Part One, *Youth Grows Socially*, explains why social maturity is important, gives a list of questions by which the reader can find out what traits will make him unpopular, enumerates the qualities of a leader, and provides some practical suggestions for improving personality. Good grooming and dating behavior are other topics for which check lists are provided, followed by "things to do."

Part Two, *Youth Grows Physically and Emotionally*, discusses maturity with the changes occurring during adolescence, the value of moral conduct, heredity and human reproduction, each chapter having its own summary.

Part Three, *Youth Becomes an Adult*, contains a brief history of the family, a consideration of factors in mate selection, and a discussion of the engagement period, marriage and parenthood.

An index and bibliography complete the volume. For youth lead-

ers and parents, there is a guide which provides teaching material and suggested techniques. The high school youth will not only find many of his problems answered, but will be convinced that right habits and attitudes are important for his own self-respect and the respect of others.

The Family Looks at Life, by F. G. Scherer. Portland, Oregon Tuberculosis and Health Association, 1950. 38p.

This summary of the physical, mental, social and spiritual factors in sex education maintains that the home and well-balanced parents can best give children information and right attitudes in an atmosphere of emotional stability. "It (sex guidance) certainly belongs primarily in the home as a normal natural topic to be identified with family life." On such a foundation the church, school and leaders of youth can build.

Questions of the young child should be answered briefly with the correct vocabulary. As the child grows older, he should be given an increased sense of responsibility, so that when he reaches adolescence he will have respect for his reproductive processes and see them as part of the Creator's plan.

There is a short section on the venereal diseases and prostitution, and each section is followed by a list of questions and references, the whole attractively illustrated in a modern, casual manner.

How to Live with Children, by Edith G. Neisser and the Association for Family Living staff. A Better Living Booklet. Chicago, Science Research Associates, 1950, 49p. 40¢.

Designed to help parents and teachers meet the emotional needs of children, this booklet lists six ways in which children can be guided toward a happy adulthood: by understanding how they grow, by giving them love, emotional security, a feeling of belonging, consistency in their daily life and opportunities for fun.

If parents understand the problems of their children, they are better able to find constructive solutions, nor are they afraid to maintain sensible controls on conduct. They will perceive that growth is not a steady progression, but something like "going up a switch-back mountain trail," each child having his own rate and rhythm, all going through the same stages.

Numerous common anxieties of parents and teachers will be assuaged by the author's simple explanations of problems that arise, many of which are illustrated by little anecdotes of home and classroom situations.

Miss Neisser concludes that if parents are well-balanced in their own lives, they need not fear that certain techniques for producing desirable behavior may be wrong; their attitudes and their overall relationship with their children are what count.

Family Living, by Evelyn Millis Duvall. Edited by Dora S. Lewis. New York, Macmillan, 1950. 410p. \$2.60.

This textbook, first of a new series in home economics under the same editorial supervision, has grown out of the author's experience in directing workshops in family life education at the University of Tennessee, Indiana University, Iowa State College and the University of Chicago between the years 1945 and 1949.

The hundred and more teachers and educators who took part in these workshops have helped to shape the content out of their own experience in high schools in 31 states, Canada and England. The result is a concise, clear and stimulating text, admirably set up to aid the high school teacher and to give the high school student the insight and facts needed at this period in life.

The material is presented in six units, each of which is complete in itself for teaching purposes. The unit titles indicate the scope: Unit I. How Your Personality Grows. Unit II. Living in a Family. Unit III. Getting Along with People. Unit IV. Looking Forward to Marriage Someday. Unit V. Children in Your Life. Unit VI. Our Modern American Families.

Several chapters, provocatively titled (examples: How Grown Up Are You? . . . Going Steady . . . The Right One for You . . . What Families Are For Today . . .) make up each unit.

Humorous and charming pen and ink sketches by Mabel J. Woodbury add interest. Excellent reading lists accompany each chapter, appendices list sources of films and filmstrips, sources of pamphlets, and professional and popular magazines of teacher-student interest.

A good index is the final helpful item in this good book, which social hygiene workers as well as teachers will find useful.

JEAN B. PINNEY

Facts of Life and Love for Teen-agers, by Evelyn Millis Duvall. New York, Association Press, 1950. 360p. \$3.00.

In this day of ever-mounting perplexities for teen-agers, we welcome a wholesome and inclusive guidebook such as this to put into their hands. Its 360 pages are aptly divided into four parts: "Becoming Men and Women", "Deepening Friendships", "Loving and Being Loved", and "Heading Toward Marriage".

The straightforward and readable quality of the subject matter is greatly enhanced by numerous clever sketches by Ruth Belew, and excellent photographs of the exhibit, "The Miracle of Growth", in the Museum of Science and Industry, Chicago.

In Part One there is a well-rounded discussion of the maturing process in both girls and boys, including many of the problems and fears so often troublesome to

young folks. In the chapter entitled "Where Babies Come From", there is included a clear, concise presentation of "The Rh Factor", and under "Sex Troubles and Worries", such often-avoided topics as "Getting into Trouble", "Syphilis—", "Gonorrhea—", and "Masturbation".

Parents themselves would do well to read all of this fine book, especially the second part, which includes the know-how of dating, with its necessary family understanding and cooperation.

In Part Three, one finds "How Can You Tell if You Are in Love", "Petting", "Saying No" and "Love Out of Bounds", and in Part Four, "The One and Only", "Becoming Engaged" and "Getting Ready for Marriage". Unbiased consideration is given to these and many more subjects that may mean anxious days or sleepless nights for searching young folk. For example, Dr. Duvall covers how one can gracefully refuse a smoke, a drink or a goodnight kiss; the problem of crushes; and why it may not be wise to go steady in the early years.

The scope of information in this book reflects the thorough training of the author and her experience both as a mother and as a family counselor. The book is, as its title tells us, facts in place of fiction, idealism without preachiness. It would be a source of vital aid to a puzzled teen-ager and a worthy addition to a library shelf.

HILDA C. STANDISH, M.D.

The Sociology of the Patient, by Earl Lomon Koos. New York, McGraw-Hill, 1950. 264p. \$3.00.

This book instills in the student nurse the need for understanding a patient's problems in relation to his background and social and physical heritage. In the chapters on the family, it is made clear that the nurse's care and teaching should be modified by a knowledge of the changing patterns of American family life, with its cycles, problems and interrelationships, all affecting the patient and his illness.

The nurse should know the needs of a particular family, its weaknesses and strengths, and how she can guide it to the proper community sources of help.

Of special interest to the social hygienist are these statements: "As responsibility for successful family living is increasingly placed upon the individuals concerned—rather than being simply a matter of conforming to rigid patterns set by the society—more knowledge is required of what successful marriage and family living involve. . . . While there is much to be said for the policy of allowing young people to make their own choices in marriage, a knowledge of what family living demands seems a necessary part of their education if this freedom is to be theirs."

Good New Films

Family Circles, by National Film Board of Canada. New York, McGraw-Hill, 1950. 16mm sound. 31 minutes. \$100.00.

Principally for parents and teachers but of interest to all groups concerned with child welfare, "Family Circles" shows, through concrete examples, how home and school supplement each other when their relationship is a close one.

The individual child is the test of the effectiveness of their cooperation. One child's school achievements are met by parental indifference; another's by disparagement; a third child's homework is respected by his parents, who also strive to give him the right social attitudes to replace false ones he has picked up from school companions.

This film points up the need for proper emotional and physical background for every child, to be provided through cooperation between home and school, child specialists, members of the PTA and even of the whole community.

Who Will Teach Your Child?

New York, McGraw-Hill, 1950.
16mm sound. 24 minutes.
\$85.00.

Directed toward the same audience as "Family Circles" with perhaps greater community emphasis, this film shows through a series of classroom situations that the teacher who can skillfully guide young minds must have superior talent and training. Our teacher-training colleges, our teachers themselves and our communities must respect teaching as a worthy profession and must work together to achieve the best in teaching ability.



Detroit, Mich.

Gentlemen:

Please forward all available free material and leaflets for study by our P.T.A. Group. We are beginning a library, and if you care to recommend books we should purchase, please do so.

Mrs. _____

Cleveland, Ohio

Gentlemen:

My doctor has just informed me that I am an expectant mother. As this is to be my first baby, I am very much interested in any literature you have to offer that will help new parents to have and to keep our baby healthy.

If you do not have this literature, could you tell me where I could obtain it? Thank you.

Sincerely yours,

Mrs. _____

Trenton, N. J.

Dear Sir,

I am faced with the problem of telling my 12-year-old sister the "facts of life" and I do not know how to go about it. Your name has been recommended to me and I would appreciate any help you can offer.

Sincerely,

Miss _____

Because of the intimate nature of the human drama which is the matrix of social hygiene, few realize the scope and quality of ASHA's daily mail. To individualize social hygiene is to open a vast Pandora's box of human experience, human tragedy, human longing for health and happiness. Because the term *social hygiene* fails to connote these qualities in our work, we shall print from time to time selected letters to ASHA. We hope that you will comment, through this channel, on social hygiene matters uppermost in your mind.

Dear Sirs:

I am the _____Orderly for C Btry 504 at AAA _____.

While placing your leaflets on the shelf, I picked one up and started to read it. It has a lot of sense to it.

I enjoyed very much the poem, "If," and would like to know if you could send me the complete poem. I would appreciate it very much.

Thanking you,

P.S. All of the fellows enjoyed your leaflet, and I think it helped some of them.

Boston, Mass.

Gentlemen:

Please send me any information you have on what to get for a 13-year-old girl to read. Also, anything that I should read as a parent to help give my daughter the right sex knowledge. I am enclosing 25 cents for expenses or for the 5-cent books.

Thank you.

Mrs. _____

Brooklyn, N. Y.

Dear Sir:

I am a parent of a pre-school child and would appreciate receiving all information and booklets about teaching her sex and other matters of family living.

Thank you very much.

Mrs. _____

Detroit, Mich.

Gentlemen:

My doctor has recommended that I get a copy of the pamphlet entitled "Education for Marriage" by Max J. Exner. Also "Making Marriage Last" by Ray H. Everett.

If you can furnish me with these, would appreciate your telling me the charge, etc. Also, do you have any pamphlets on sex education—that is, for a young man of 18?

Thank you.

Sincerely,

Chicago, Ill.

Gentlemen:

I am now preparing to teach 7th and 8th grades, and I am in need of material dealing with sex problems. Please send any free material you have and a price list of other materials. Thank you.

Miss _____

Pasadena, Calif.

Dear Sirs:

I do not know whether I am still a member of the Association. At any rate, I must have the JOURNAL. I am enclosing my membership fee, and you will credit it if I am still enrolled.

Sincerely,
Mrs. _____

Lenoir, N. C.

Dear Sir:

We have returned your small exhibit of publications in yesterday's mail.

The exhibit is most attractive and was well received by the 150 parents and teachers attending the institute.

We certainly appreciate your interest and cooperation in our first Family Life Institute. We feel it was quite a success and marks the beginning of a bigger and improved program in Caldwell County.

Again, thank you.

Sincerely yours,
Frances E. Williamson
Health Educator

THE LAST WORD

The American Social Hygiene Association will hold its 38th annual meeting in New York City, January 30, 1951, in the Green Room, Hotel Madison, 15 East 58th Street. There will be three sessions:

3:00 p.m. Final meeting of the 1950 Board of Directors

4:00 p.m. Annual business meeting of Association members, with reports of committees and election of officers

5:00 p.m. First meeting of members of the 1951 Board of Directors

Members may submit suggestions and proposals regarding program, selection of officers and administration of the Association's affairs for referral to the appropriate standing committees and the Board of Directors for study and action.

Winifred N. Prince, Secretary
American Social Hygiene Association

Public Library
Kansas City, Mo.

PERIODICAL DEPT.

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First Family

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About our cover . . .

Washington and Lafayette at Mount Vernon, 19th century American painting by Thomas Pritchard Rossiter and Louis R. Mignot . . . second in a series of Journal covers on family life. Photograph courtesy of the Metropolitan Museum of Art.

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SUPPORT OUR STRONGHOLD . . . THE FAMILY

In the next 10 to 20 years, our national effort to defend ourselves and our neighbors against aggression will affect every man, woman and child in the United States. No one—not Susie, playing jacks at this very moment, nor Johnny, cramming algebra for tomorrow's test—can escape the impact of a decade or more of mobilization.

Whether you live in Boston, Butte or Battle Creek, industrial expansion, labor migration, recruitment for the Armed Forces, possible manpower drafts and civilian defense against the threat of attack and invasion will involve you and your family in one way or another.

National defense is not just Korea or any other military campaign. It is a way of life we perforce choose until we win the peace.

National defense can strengthen us. Or its pressures and dislocations can insidiously weaken us. Which do we choose—strength or

They were all greatly concerned that the sex-education aspect of the courses offered be an integral part of the consideration of many kinds of problems, not a separate area of instruction. They agreed that information about sex should be given frankly in answer to boys' and girls' questions, but that it should be related to larger problems, not considered as a problem apart from the total life experience. Accordingly, the physical aspects of dating, courtship, marriage, child-bearing and child-rearing are looked upon as part of a larger concept of social, emotional and economic problems.

Although the names of the courses and the administrative machinery vary from school to school, objectives are similar, and some programs are uniform throughout the city. For example, all five schools have access to the same audio-visual materials. Teachers meet in a city-wide committee to pool ideas and to set up overall objectives which are then interpreted in the light of needs and interests in each school.

Parent participation is encouraged in all schools as parents are invited to meetings to give suggestions, to preview films and to see the materials used in classes.

Perhaps most significant of the features common throughout the city is participation by senior high school students taking these courses in the preschool program of the Denver Public Schools. Through this program, boys and girls assist preschool teachers twice a month for one-half day. Their experiences with the children give concrete direction to discussion of home and family living. There are no hazy unrealities as the class works out solutions for puzzling behavior observed in the preschool laboratory.

The experience also is satisfying to high school seniors when the little children regard them as adults to be respected, consulted and occasionally obeyed. Teachers of the family living courses report that the seniors are very much stirred by this brief assumption of an adult role.

How the Program Works

Although general objectives of the program are approved by central curriculum and instruction committees, details are worked out autonomously in each of the five senior high schools. While some of this instruction is woven into tenth and eleventh grade classes in many areas, classes devoted specifically to these problems are found only in the senior year. In four of the schools, such courses are senior electives. In only one is the course required of all senior pupils.

Briefly, organizational details are worked out in these ways. At West High School, all seniors take the course called Senior Planning.

Two days per week in the 12B semester are given over to special instruction by physical education teachers in separate classes for boys and girls. The year's work includes units on dating, family relationships, marriage, personal and family finance, consumer education, religious values and the strategy of job finding. The course at West is somewhat more comprehensive than those offered in other schools.

At North High School the Home and Family Living course is one of three from which seniors may choose to fulfill a social science requirement. Boys' and girls' classes are separate. Dating, courtship, marriage, family finance and other topics of special interest to students are included.

East High School offers a senior elective course entitled Social Problems. Boys' and girls' classes are separate. Basically, the course covers dating, courtship and marriage. Other problems currently affecting young people are taken up as student interest demands. For example, a recent concern of the boys arises from the prospect of being called immediately into the armed services after graduation from high school.

South High School has the oldest program in the city, started in 1930. Senior boys and girls may elect Home Living. Both courses are taught at South by home economics teachers. Each year the course is built from student questions. However, a similarity recurs as the questions center around dating, courtship, marriage and family problems.

Manual Training High School gives instruction relating to dating, marriage and the family in several kinds of classes—health, home economics, sociology, psychology and senior social problems. At some time, every Manual student has this instruction, although emphasis and extent of exploration naturally vary from the tenth to twelfth grade. All these classes have common objectives in answering frankly and honestly the questions of young people and giving them a wholesome philosophy of living.

How the Material Is Presented

While in all schools there is similarity of course content, there are striking differences in emphasis from school to school.

For example, at North High School the first interest of the boys was reported to be in the economic aspects of getting the job necessary to support a home and family. They wanted to take aptitude tests and explore the demands and rewards of different kinds of work. They were very close to the financial realities of family life.

On the other hand, boys at East High School were reported as having little interest in marriage as an immediate prospect after

high school graduation. In one class at East, the 20 to 30 boys enrolled were planning on college and careers which would postpone marriage for several years. At this time they were more concerned with exploring the effects of military service on their plans for the future than they were in the problems of making a home.



Differences like this are brought about by cultural and economic background and make necessary in each school adaptations to meet the special needs and interests of the boys and girls.

Teachers selected to work in the program must be sensitive to these special needs and variations. They must be emotionally secure and, therefore, able to understand attitudes widely different from their own. They know that some children come to school with backgrounds of severe inhibition and parental restraint. Teachers must help these children to face reality and to live in a world where other standards are more permissive than their own.

On the other hand, many of the teachers who described their work in this area spoke of encountering attitudes toward various social problems that represented startling departure from the standards usually accepted. These children also must be introduced to other ways of thinking and to demands of a larger society which does not condone the mores of sub-groups if these depart to any great degree from those of the group as a whole.

One teacher felt that persons participating in the program should possess the combined qualities of sociologist, psychologist, parent, teacher, friend and pastor. He hastened to add that while he personally might not measure up to this goal, he felt that his teaching in this area was one of his most interesting and satisfying experiences.

Although there are necessarily these differences in approach from school to school, there is similarity of technique in all classrooms. Panel discussions, films, speakers, classroom reading, library research, interviews and other accepted teaching techniques are used.

Nearly all of the teachers felt that one pitfall to be avoided is discussion without sufficient background reading and other means of fact-gathering. The courses must be more than talk fests. Teachers in each building do extensive planning together and gathering of

materials for resource units. These units guide the teacher in his work, but the actual scope and sequence, of course, are determined by the written questions of students and the direction student discussion gives to the work.

For example, teachers in charge of the program at North High School say that by the end of a semester the boys' and girls' home and family living groups will have discussed the same problems. But the sequence will differ at almost every point because of the difference in questions submitted, in the one group, by boys and, in the other, by girls.

Even when differences are taken into consideration, the topic most often introduced at the beginning of a course is dating. Dating is a big interest, whatever the name of the course the students are taking—be it sociology, health or family living.

First, questions and discussions on dating help to break the ice and to lead to more fundamental problems. (Perhaps from the boys' and girls' standpoint, dating *is* one of the fundamentals, the indispensable prelude to courtship, engagement, marriage and a home.) Boys and girls in all five schools want to know how to attract dates, how to act, how much dates cost, where to go, how to deal with parental differences of opinion and standards about dating, how to deal with "blind" dates and a host of other questions relating to this all-important interest of young people.

Some boys and girls are frankly worried over lack of social grace. Others are not worried over etiquette.

Seniors are not so much in conflict with parents over dating regulations as are tenth-grade pupils. In the tenth grade, a unit on boy-girl relations is a natural demand of students in the new environment of senior high school, where dating is part of the social experience.

Questions on dating reflect the social background of students. In some schools, dating is bound by rather conservative standards. In others, questions arise about the propriety of girls going "stag" to public dances. Teachers say they must be very much aware of the mores of the community in handling such questions. They hope to set up high standards of conduct without giving the impression that there is only one acceptable pattern of behavior.

Dating problems lead naturally into questions that emphasize need for information about sex. Boys and girls want to know what the opposite sex expects in terms of morality. They want to know very frankly, "How far shall we go?" They want to be grown up, and some reveal that they think promiscuity is a badge of worldly knowledge.

It is at this point in most of the classes that instruction in the physiology of sex begins. Films are shown. Doctors, nurses and, often, clergymen are invited to speak to classes. Primary objectives in this aspect of the courses is to give reliable, scientific information about the body, to build an accurate vocabulary of terms and to develop mature emotional attitudes toward the natural functions of the body.

Two classes at South High School serve to illustrate how students react to this kind of teaching. One class of girls was discussing puberty and its effects on the maturing individual. They used the appropriate terms. They were interested in the difference in time between the pubertal period of boys and girls. One girl had found information about the effect of diet on glandular functioning during puberty.

The next point introduced was the acceptance of the feminine or masculine role by the maturing adolescent. There was no indication that the topics under discussion were unusual in any way. Attitudes were the same as they would be in any class where reports were being given.

The boys' class, meeting the next hour, discussed the steps in maturing emotionally, from the self-interest of the baby, through the homosexual years of early childhood to the heterosexual interests of adolescence, and finally to the age when home and family responsibilities are assumed. They faced the fact that some individuals stop along the way and do not arrive at an adult way of behaving. They talked about "crushes" with frankness and insight. They laughed over the changes in appearance and interests that adolescence brings. Like the girls, they took the class as a normal but important experience of the school day.

When the teacher was asked how this casual, unembarrassed, objective attitude had been built, she replied that it had taken time for some students to arrive at this way of behaving. She said that at the beginning of the semester there are always a few who hesitate to speak, who giggle, and who betray a marked unsatisfied curiosity about bodily functions. After a few days or weeks these students, seeing the others accept new terms and facts without disturbance, drop feelings of guilt and participate on the same basis as others in the class.

Along similar lines of thinking, a teacher from a school where children learn "the facts of life" in early childhood said that nothing shocked or upset his students, but that their need of a decent vocabulary for discussion was a real need felt by the boys and girls. They recognized the fact that their expressions were crude, but they knew no other terms.

Problems of engagement and courtship are taken very seriously. Although young people are concerned with the question of differentiating lasting love from temporary infatuation, they see more than romance in choosing a partner for marriage.



They want to know upon what financial security a lasting marriage must be founded. They discuss the effect of heightened emotional stress of war conditions upon attitudes toward marriage. They take into consideration the best kind of relationship with their parents in planning for marriage.

Frequently, clergymen of different faiths are invited to lead discussion on the place of religion in marriage. One teacher commented that many boys and girls are led to think about their immediate religious problems as a result of considering religion as an influence upon marriage. In some schools, problems arise about marriage between members of different racial, nationality or cultural groups.

One fundamental problem that arises again and again is that of marriage between individuals of different educational backgrounds. This question is directly related to the fact that many senior high school girls date college boys. The girls frankly ask whether, if the question of marriage arises, their own lack of a college degree will make a difference.

Another question that both boys and girls ask is about the possibility of a happy marriage when wives work outside the home. Attitudes toward spending and saving are regarded as possible causes of disagreement. Teachers working in the program agree that the boys and girls see beyond the romantic promises of popular songs. They know that just being in love does not solve all problems or insure a life of happiness.

In the classes, boys and girls are encouraged to consider the engagement period as one of talking out the practical problems, the differences in point of view and the adjustments that marriage will bring. Girls use the traditional hope chest as a starting place for the dollars-and-cents cost of founding a home. The engagement is regarded as a time for being together often without the excitement and expense of dating and entertainment. Stress is on building attitudes toward marriage as a serious matter of founding a home, not as an extension of the fun of dating.

Parents of both the boys and girls are looked upon as essential in building a sound, happy relationship later when the young couple become another family unit. Attitudes toward in-laws are regarded as important long before they become problems.

Personal Matters

Physical preparation for marriage is regarded as a matter for couples to discuss with family physicians and clergymen. Techniques of marriage are not stressed, although hereditary characteristics, attitudes of society toward premarital experiences are studied and the importance to society of maintaining high moral standards is discussed freely. While students' questions are answered with appropriate reference materials, the relationship between each married couple is regarded as a highly personal and highly confidential matter.

There is never, on the part of any teacher, an intention to isolate the physical aspects of marriage from its social, emotional and moral implications. Sexual relationship, while acknowledged as a fundamental part of home and family living, is presented as only one of the many factors involved in marriage which demands respect and consideration for the individual and for the standards of society.

The wedding is, of course, a favorite topic of discussion, especially for the girls. Teachers stress here that the wedding is an occasion when families and friends give their affectionate approval to the new home. Without preaching, teachers stress the religious ceremony as a fitting beginning.

The kind of ceremony appropriate to the means of the family and the new life of the young couple is encouraged. No matter how realistic the attitudes of young people toward many of the economic problems relating to marriage, many lose their practicality when they plan weddings. The wedding is one of the largest events in many young lives, and however small the first home may be, the girls want a pageant to remember.

Teachers do not ridicule these ideas, but they encourage some fact-finding on costs and the relationships of costs to parents' income. Confronted by facts, the girls are usually willing to modify their more visionary plans.

Both boys and girls are interested in the procedures of getting a license and in the laws regarding marriage.

Discussion of the honeymoon includes costs and the importance of mutual consideration and of regarding the honeymoon as a brief step toward assuming the adult responsibilities of a home.

Teachers take into consideration differences in the future plans of the young people in their classes when they teach in this area of courtship and marriage. There is one approach appropriate for those who expect to be married soon after high school graduation. Another approach is made for those who must defer marriage plans until after college graduation or extended professional preparation. For the latter, the approach is made from a generalized and sociological consideration of marriage as a social institution. For young people who marry early, the approach is much more immediate, direct and concrete.

These differences in needs suggest that teachers cannot look upon the course as a set body of subject matter, but as an opportunity to use their background of information flexibly in meeting specific needs and concerns. These demands will vary from year to year and from class to class.

Units dealing with marriage bring in many problems—economic, emotional and social. One of the most important of these is the rearing of families.

Boys and Girls—and Babies

Teachers find that boys and girls regard the arrival of children as a happy and natural part of marriage. They want to know how children are born and what the new parents must know in order to rear them well. They have very definite ideas about discipline and home standards, some of which definitely reveal inadequacies they have found in their own experience.

They believe that families should include several children. A teacher whose pupils come from economically limited homes said that he expected the boys and girls to regard large families as a curtailment on opportunity for the individual. But he found that they regard the "only child" as being cheated out of the natural experiences of family living. They seriously advocate five or more children as being right.

At all times in these classes, any questions regarding the planning of the size of the family are regarded as questions to be answered, not by the school, but by family physicians and clergymen. The school makes no comment that can be construed as contradictory to any religious tenet with regard to family life.

Experience in the preschool laboratories is helpful in bringing a warmly human note to classroom discussions of child behavior. The experience is especially important to boys and girls who have no small brothers and sisters in the home. Frequently, babies are

brought to school by proud older brothers and sisters to be the center of attention in child-care demonstrations.

Actual contact with infants and small children helps the adolescent to think about the adjustments that must be made in the home by young parents. Discussion sharpens values as to what kind of home they want. Many have talked about democratic living in a political and historical sense, but have not thought about the meaning of democracy as applied to home relationships.

Sometimes, in addition to factual textbooks on marriage, the family and child development, selected lists of short stories and novels are used as a basis for discussion. Through the device of projection into the problems of fictional characters, it becomes easier for students to talk about problems which may be too close to disturbed emotions for consideration in terms of their own lives. "If I had been So-and-So, I would not have married without my parents' consent" may be an outlet for discussing a pressing conflict at home without feeling personally involved in the statements made.

Many books of fiction are recommended by teachers only to those who are emotionally capable of mature comprehension of the situations portrayed. Frequently, a book is recommended to a boy or girl needing help with a specific problem. Through identification with the fictional characters, the reader discovers that he or she is not the only individual facing a difficult situation.

What about Divorce?

Inevitably, in discussions of family life, the question of divorce arises. It is natural that such questions arise when problems of economic needs, religious differences, lack of harmony with relatives, differences of moral and ethical standards and other causes of conflict are analyzed in the light of their effect on families.

Teachers report that the young people ask about divorce in the hope of avoiding it. They want to build strong home and family ties. They are disturbed by the national trend toward casual attitudes toward marriage.

The problem cannot be ignored. It is faced as objectively as possible, with facts, in order to modify highly emotional attitudes. Many boys and girls have had the experience of living in broken homes. Teachers say that these boys and girls are among the most eager to work toward a happy marriage.

Divorce is not allowed to become too important in discussions of marriage. It is regarded as avoidable if men and women approach

marriage with maturity and understanding. Building the foundations for maturity is paramount in the thinking of all concerned in this phase of the instructional program.

Reactions to the Program

Whatever the name of the course, teachers work toward the strengthening of moral teachings of the church and the home. Parents have been invited again and again to participate in planning.

At South High School, the program is of 20 years' standing and is strongly supported by the community. As other schools have added these courses to their curriculum, there has been extensive pre-planning with parents, clergy and others in the community.

Teachers participating in the program have been very carefully selected and have taken specialized training for this work. They agree unanimously on the basic purposes of the courses and upon the approach to problems. They agree that sex education is but one aspect of preparing young people for home and family living. They stress the highest of moral standards and at no time question beliefs of any religious group in the area of marriage and the family.

They all believe that young people need a clean, frank, wholesome attitude toward all functions of the human body. They seek to replace morbid or inaccurate information with facts that eliminate the need to seek for information from questionable sources.

At no time is it the intention of teachers to supplant the home as a source of spiritual guidance. Boys and girls are encouraged constantly to discuss at home the experiences of the work at school. Parents are free to talk over the program at any time when they have questions or suggestions. Their signature is required before pupils are enrolled in any elective course, and ample information is given concerning the content of the courses at the time when electives are chosen. Dissatisfactions that occasionally arise are usually clarified by parent-teacher conferences.

Boys and girls enrolled in the courses give frequent evidence of their approval. They talk to teachers privately. They write back to the school after graduation. They submit anonymous evaluations and suggestions for the courses. They respect the efforts of the school in answering their questions and for giving them reassurance in their vital, personal problems.

HAVE YOU . . .

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PUBLIC THINKS SEX EDUCATION COURSES SHOULD BE TAUGHT IN THE SCHOOLS

by Kenneth Fink

New Jersey public sentiment is overwhelmingly of the opinion that sex education should be taught in New Jersey schools, judging from a statewide survey recently completed by the New Jersey Poll.

Four out of every five adults questioned in the survey believe sex education courses should be taught in their local schools.

Fewer than one in six is against them.

Highlight of the survey is the reaction of parents with children now in school. Parents who think sex education courses should be in the schools outnumber by a six to one margin those opposed to them.

Another interesting finding to come out of the survey is that the more education people have had, the more they are inclined to think sex education should be part of the local school program. Six out of every seven of those who have had partial or complete college educations hold this opinion.

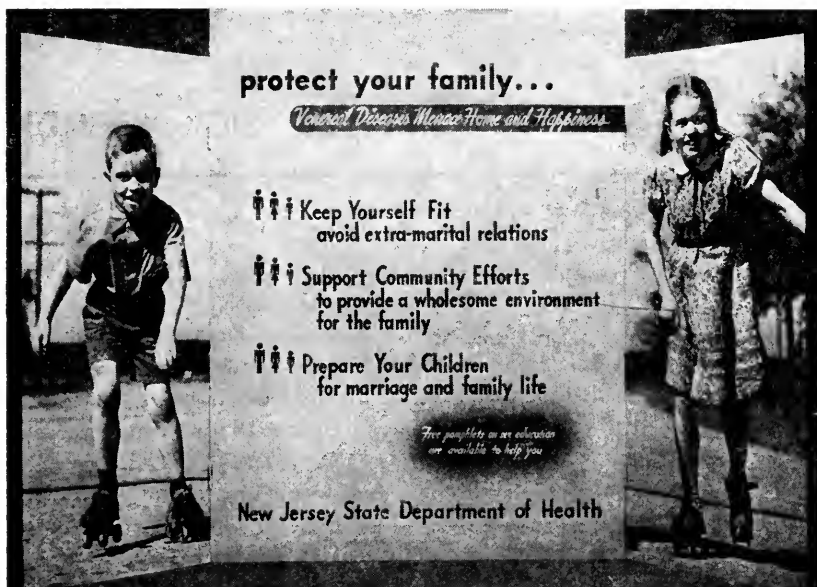
Worthy of particular mention, too, is that at least three out of every four in all population groups measured in the survey think that sex education courses should be in the schools. These groups include young and old, men and women, white-collar and manual workers, people in all educational levels, residents of all sizes of cities, and those with and without children in school.

When New Jersey Poll staff reporters put this question to a cross-section of New Jersey residents:

“Do you think that sex education should be taught in your local schools?”

The response was:

	<i>Yes</i>	<i>No</i>	<i>No Opinion</i>
TOTAL STATE	81%	15%	4%
Have children in school	83%	14	3
Those with:			
Grade or no schooling	76%	18	6
High school training	82%	14	4
College training	86%	14	0



When all those who said they thought sex education should be in the schools were asked in what grade it should be started, the median grade named by the state as a whole and by those with children in school was the seventh.

Interestingly, every grade from kindergarten through the 12th received some mention.

“In what grade do you believe sex education should be started?”

	<i>Total State</i>	<i>Have Children In School</i>
4th grade or under	10%	13%
5th grade	10	10
6th grade	13	13
7th grade	*18	*23
8th grade	19	20
9th grade	22	15
10th grade & up	8	6

* Median grade

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CITY OF SICK CHILDREN

A Plea for United Action against Congenital Syphilis

by Betty Huse, M.D.

Not so long ago, as time is measured by public health workers, this nation embarked upon a high and hopeful campaign against that age-old enemy of the human race, the spirocheta pallida of syphilis. Great advances toward the ultimate goal of control have been made in the intervening years: a gratifying decrease in reported cases of primary and secondary syphilis, a smaller but definite decrease in the incidence of early latent syphilis, and steadily declining death rates due to syphilis among infants. We have come a long way.

Let us look at the present situation from another angle, however, away from the charted lines that show progress, to the hard core of cases not so far reached by all our public health measures. In so doing, let us focus our eyes on the nation's children, to see how they are benefiting by our work.

Here the picture is not quite so rosy. Every year for the last five years some 14,000 children of the United States were reported to have congenital syphilis, beginning with the babies and including young children up to 10 years old. You will have to take a long look, because there are, in addition, probably 100,000 American children with *undiscovered* congenital syphilis.

If you could gather them together in one spot, they would make a community as big as Utica, N. Y. And every child in that city of sick children would carry in his bloodstream the organism of a disease which may produce blindness, deafness, mental deficiency, physical deformity or premature death.

It cannot be too often stressed that this tragic situation is absolutely preventable. Penicillin is now widely available and is known to be an effective treatment for syphilis. The syphilitic infection cannot enter an infant's bloodstream before the fifth month of pregnancy, and a mother treated before this time will not infect her child. It is a well-documented fact that penicillin, even when administered late in the last trimester of pregnancy, protects the infant in utero. And even when the syphilitic mother fails to receive treatment before the birth of her child, the newborn baby can usually be treated effectively in the first months of life.

These hopeful aspects of the situation offer us all a great opportunity to see to it that no child suffers from congenital syphilis. To accomplish this, we must find and treat every syphilitic pregnant woman and every newborn syphilitic baby in these United States.

It is perfectly clear that a problem of such proportions requires the combined action of physicians, nurses, public health workers, social service agencies and voluntary organizations that, like the American Social Hygiene Association and its affiliates, are concerned with family life. If the preventable tragedy of congenital syphilis can be brought to the attention of all these groups, official and voluntary, working for mothers and children and family welfare, there is no doubt that their combined skills and resources are adequate to bring the disease under control.

As a first step leading to such joint action in defense of the children, the United States Public Health Service and the Children's Bureau have agreed on certain procedures that they believe should be made routine practice in obstetrics and prenatal care:

- At least two blood tests for syphilis should be made as a routine part of every woman's prenatal care, one as early in pregnancy as possible and another shortly before delivery.

- If the woman is infected, this should be considered a medical emergency and she should receive treatment at once.

- The woman who has been treated should also be given a second blood test near the end of her term to make sure she has not been reinfected. This point needs to be stressed, since it is often overlooked even where the initial testing is in practice.

- The woman who does not come under medical care until the time of delivery in a hospital should be given a blood test as soon as she enters the hospital. If she is found to be infected, she must be treated at once. Treatment given to the mother even just before delivery is also treatment for the unborn baby and thus may be of some help.

- However, any child born of an infected mother, whether she has been treated or not, should be tested within a few days of its birth.

The result of a test given to a very young infant is not decisive. If the physician can observe the infant over a period of four months, he will know whether or not treatment is necessary. If the test is negative over that period and if the mother's syphilitic status is quiescent, it is extremely unlikely that congenital syphilis will develop later.



Let us concentrate on those early months of his life before and immediately following birth.

If the physician cannot be sure that he will see the child for four months, he is faced with a very difficult decision. He must run the risk of treating a well child unnecessarily or of letting an infected child go untreated.

Many state medical societies have a maternal and child-health committee with which the state health department's maternal and child-health division works closely. Here is an established mechanism which can be put to good use in the fight against congenital syphilis. Where the medical society has both a venereal disease committee and a maternal and child-health committee, they might work together.

Moreover, through refresher courses, institutes, seminars and talks before medical societies and through publications, professional education can be provided not only for doctors, but also for nurses, medical social workers, nutritionists and others who come in contact with pregnant women.

The woman who is brought to the hospital for delivery without having had any previous medical care presents a special problem.

We have recommended that she be tested for syphilis. To make this effective, the rapid processing of blood tests is essential. Too

frequently, the results of the test are not reported until after the woman has been discharged. This is especially true in these days of short maternity stays.

Since the maternal and child-health program is concerned with hospital facilities and with standards and procedures relating to maternity care, it can promote rapid testing in hospitals. Most state programs have an active hospital consultation service. Their relationships with the obstetric and pediatric staffs are influential in improving hospital practices for the care of mothers and children.

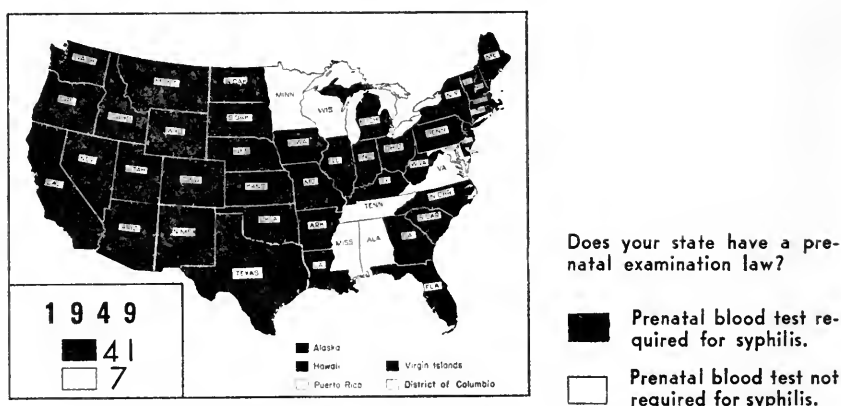
When a physician finds that a woman who has come to him for prenatal care is infected, he should report the case immediately to the health department and treatment should be started without delay. Many of these patients can be treated in rapid-treatment centers or in beds contracted for in hospitals. Perhaps even more could be treated in these centers if the maternal and child-health division were to help out with delivery facilities, obstetric consultation, and the care of well children who must sometimes accompany their mothers to the centers.

It is sometimes difficult, or even impossible, for a woman in the last trimester of pregnancy to leave home long enough for treatment at one of the centers. In such cases, the maternal and child-health service might help to arrange for treatment in a prenatal clinic, hospital clinic or doctor's office.

In all this, we have been thinking and talking of the mother who is under the care of a physician. Actually, of course, many pregnant women are cared for by midwives. In 1947, for instance, midwives delivered some 176,000 babies in the United States, most of them in southern and southwestern states. The midwife, then, is a very important factor in the success of our campaign to locate those 100,000 missing cases of congenital syphilis.

In many states, the health departments are attempting to raise the standards of midwife care. South Carolina, for example, holds annual institutes for midwives where the women are instructed by public health nurses.

In this connection, the Communication Materials Center of Columbia University has prepared a 15-minute radio program on the midwife and congenital syphilis. Venezuela Jones plays the part of a midwife in a moving dramatic story played against a background of spirituals sung by the Hall Johnson Choir. The scene is laid in South Carolina, but the broadcast would be just as valuable, and just as interesting, any place in the country. Health departments, or any other organization interested in this material, can make arrangements for local broadcasts through the Communication Materials Center.



LAWS TO PROTECT BABIES FROM SYPHILIS

Eventually, adequate programs of prenatal care may be all that is needed to combat congenital syphilis. But as things now stand, there will be many children who are not discovered in this way. Their mothers may have had no kind of care at all, or care at a place or time where such a program was not in effect. The search for these children presents many difficulties. But well-child clinics, general practitioners, pediatricians and all who provide health supervision for young children should be on the lookout for them.

It is obvious that each—the general practitioner, the obstetrician, the pediatrician, the nurse, the midwife, the hospital, the health department through its venereal disease and maternal and child-health programs—has a major role to play in solving the problem of congenital syphilis. These are the shock troops.

Behind them must be the supporting forces of which I have already spoken—the community organizations not directly concerned with health problems perhaps, but interested in the well-being of children and of the family. They can use their influence to insure, for instance, that the physicians working in hospitals and health departments have as much time as they need to observe the infant and make a diagnosis. They can help enlist the pregnant woman herself in the campaign, encouraging her to ask for a blood test for syphilis as a routine part of her prenatal care.

Since such agencies reach a large reading and listening public, in cooperation with the health department's venereal disease control and maternal and child-health services they should be able to educate prospective mothers to the kind of care they should have for their own protection and for their unborn children.

The question of a routine blood test for school children is frequently raised. This probably would not be worth while on a

national scale, but among certain groups which have a relatively high incidence of syphilis, mass testing of children under 15 years of age has found as high as 13% positive or doubtful reactions among Negro children and from one to four percent among white. This would seem to warrant mass blood testing of school children under certain circumstances.

The cases of untreated syphilis discovered in any of these ways must never be treated as isolated events. That is, this pregnant woman and this school child are members of families. Congenital syphilis is always a family problem and must be attacked on that basis. If no case of congenital syphilis is to go undiscovered and no new cases are to occur, venereal disease control workers must make certain that they examine all children of syphilitic mothers and all brothers and sisters, as well as parents, of children with congenital syphilis.

It would also be worth while to study each reported case of congenital syphilis, going back to the prenatal history to find out just why the disease had not been prevented. Such studies currently are being made, and will shed light on specific measures that should be taken in the state to tighten up case-finding and treatment among pregnant women.

By and large, however, if we count on waiting until he reaches school-age in order to find and treat the child with congenital syphilis, we are building our house on sand. It may be too late then to prevent the irremediable damage done by the spirochete. Instead, let us concentrate on those early months of his life before and immediately following birth. That is the time for action . . . there is the opportunity to seize.

Another point worth stressing in planning for these children is the frequent need for care over and above anti-syphilis treatment. Here is an area where health and welfare departments can cooperate with maximum effectiveness and to which all organizations working with families can give assistance. We must consider the child with congenital syphilis as a child with a general disease . . . a child who is likely to need special help if he is to achieve the best possible physical and emotional health when his syphilis is cured.

These remarks are not intended to serve as a blueprint for action that would apply in every community of this broad and infinitely varied country of ours. Cooperation will undoubtedly take many different forms in many different places. It will be the cooperation, not the differences, which will count in our efforts to find the missing 100,000. Let us find them soon, treat them early and return them from the city of sick children back to normal, happy, healthy life.

To the Reader

The young serviceman off post, easily identifiable by his uniform, inexperienced in the ways of the world, a stranger in a strange town, a nameless traveler from hither to yon, is the prey—far too often the easy prey—of confidence men, bar girls, prostitutes, pick-pockets and other unsavory characters, all bent on separating him from his wallet and its contents in the most expeditious manner by methods that run from ordinary sharp practice to the use of knock-out drops and physical violence.

To put young men on guard against racketeers of this type, Colonel William G. Purdy, provost marshal of the Fifth Army, has written them a letter under the title "You Can Outsmart the Smart Guy." The JOURNAL reproduces Colonel Purdy's text for the information of readers who may not be aware that exploitation of our servicemen is a real problem.

Having learned the facts, you may wish to do something about this home-front aggression: it is no credit to the nation for which these boys are preparing to fight.

OUTSMART THE SMART GUY!

by Colonel William G. Purdy

You may never have fallen for the convincing line of a confidence man or a "pick-up" and found yourself minus your wallet and valuables, but thousands of servicemen and women have done so, and most of them are just as intelligent as you are.

Because they travel a great deal and are in uniform, which makes them easy to spot, servicemen are a chief source of income for shady characters. In nine months, 121 members of the Armed Forces were robbed, rolled or otherwise had their money stolen. These are only *known* cases. The number of service personnel "relieved" of money, tickets and other valuables who, through embarrassment, did not report such incidents is likely much larger.

In fact, the number of service personnel who are victims of this type of racket has increased to such an extent that this is being printed to show you how to avoid being taken in by these "smart operators."

The Confidence Man

The very word "confidence man" indicates his method of operating. He must gain the confidence of his victim. He does this by engaging in conversation in an inquisitive and friendly fashion. He wants to know how you like the service and usually says he was in one of the services himself. After he has gained your confidence, he is ready to go to work.

The confidence man, or con-man, as he is generally called, must first soften you up with his line. That is the only way he can work. So before going into any further particulars about his methods, remember that nobody can take you in this type of racket unless you talk to him.

The con-man works in all places where people are on the move. He likes stations, trains, buses, hotels and bars. Persons in transit often neglect to report such occurrences because delay would result.

People in hotels and bars may be intoxicated and fail to realize they have been robbed. They are easy picking for the con-man and present less danger because they are not apt to report the incident to police.

Here are some of the most common methods the con-man will use to get your money:

1. A popular game of the con-man is matching coins. One man will open a conversation with a serviceman in a station and suggest going somewhere for a drink—his “treat.” In the bar they meet his accomplice, who poses as a particularly easy victim, usually a foreigner. The con-man proposes to the soldier that together they can take over this poor fellow.

They engage the supposed victim in a three-sided matching of coins, in which the con-man finally wins all of the money from both men. He then takes the serviceman aside and says that this place is too public to make the split and he will meet him at their original location to divide the money they have won from the “foreigner.” Of course, he never shows up.

2. Or the accomplice may meet them on the street, and when he has lost his money by matching coins, threaten to call the police, in which case the con-man says to the serviceman, “Run!” and takes off with the serviceman’s money.
3. There are many variations on this theme, but usually the con-man works with a partner and is letting the serviceman in on a good thing.

He may make a straight bet in which both sides put up money with the partner holding the stakes.

He may “find” a full wallet and offer to divide, both he and the serviceman adding all their money to the pot. He may even let the serviceman hold the “money” placed in an envelope or a handkerchief. The serviceman soon finds that all he has is newspaper.

It may be an apparently innocent card game on a train.

But whatever method he uses, you can be sure that the con-man will end up with all your money.

Con-men have boasted that they "never took a penny from an honest man." The confidence man holds out the lure of easy money, and the serviceman falls victim when he thinks he is aiding the con-man to take over a third person (the con-man's confederate).

Don't become intimate with strangers in stations or station restaurants. They will entice you into a gambling game in which you will have no chance. You will be beaten with two-headed coins or marked cards. You will be left holding a trick envelope or handkerchief filled with folded newspaper, while the con-man is gone with the real envelope and your money.

Bars, Taverns and Night Clubs

In the subdued light of the bar or night club lurk the bar-girls or B-girls, the easy "pick-ups" and the prostitutes. The serviceman in uniform is a marked man from the moment he enters.

The B-girl is working on a commission basis for the management. She is usually young, comparatively well-dressed and attractive. She enters into conversation with the serviceman at the bar. If he does not offer her a drink, she will ask for one. Her drink will probably consist of enough whiskey to make it smell authentic, the rest being tea or colored water. It will cost the serviceman 60¢ to 75¢, the house practically nothing, and the girl's commission is 25¢.

If the serviceman acts interested, she may invite him to a secluded booth where arrangements are made for taking her home. This is the time to be cautious. If the serviceman has displayed any money, the probabilities are that he will be fed knock-out drops before the evening is over. With the assistance of the bartender or the waitress, the drops are added to his drink, and when he passes out, his money is taken and the B-girl leaves. The "drunken" serviceman is discovered in the booth and escorted to the street by the "bouncer."

Or the girl may take the serviceman to her room, or to a hotel room, where the knock-out drops are administered. After rolling him, she leaves. She may take only part of his money and remain in the room. When he comes to, she tells him that he has spent his money, and since he cannot remember, he has no proof to the contrary.

Another danger of going to a room with a girl is that often a man appears who claims to be her husband and demands your money as "damages." This man may also claim to be a detective and ask for "hush money."

Then there is the panel game, in which the serviceman's clothes are hung in a closet or on a chair. A panel opens into the next room, and his clothes are robbed through this opening.

The B-girl may make a date to meet the serviceman on a certain corner after the bar closes. He is met there, not by the girl, but by a couple of strong-arm men who proceed to rob him. Serious injuries from these robberies have been reported.

The easy pick-up frequents better class bars and night clubs. She is usually an amateur. She may be alone or with another girl. She may only want drinks for the evening, or she may invite you to her room or a hotel room. In general, she is not a knock-out drop artist, but she may demand excessive payment for her company.

The prostitute also may be found in these places, and it is often difficult to distinguish her from the two previously mentioned types. Her methods will be much the same as the other two, often combining them.

You can be certain that all these girls want is money, but remember, too, that they are the chief source of venereal disease.

Taxi Drivers

Taxi drivers in some cities are a source of contact for prostitutes. They get a cut of the money the girl gets from the serviceman, in addition to the money they demand for the contact.

Speaking of taxi drivers, many of them work a game of their own. A taxi driver may tell you the last train to your station has left and offer to take you there for an excessive fee. Check with the station-master on train schedules to make sure, and then if there is no train, pay the taxi driver only what the meter on the taxi shows.

Taxi drivers have been known to rob their customers and put them out in sparsely populated areas.

Pick a taxi from a well-known company. Their drivers are more apt to be responsible. There are many honest taxi drivers, but it is best to make sure.

Homosexuals

Be careful about going to hotel rooms and apartments with persons of your own sex who are not well known to you. Many cases have been reported where servicemen or women have been invited for a drink to the room of a new acquaintance. They felt safe because the person was of their sex. There they were induced to drink to the point of intoxication and had homosexual acts performed on them.

Pickpockets

A pickpocket works in crowds on street cars, elevators, or at entrances and exits to shows or sports events. He also works with a confederate, who pushes you, and while your attention is on this incident, the pickpocket takes your wallet.

The best safeguard for this is to carry your wallet buttoned in your shirt pocket. The pickpocket may split your hip or coat pocket with a razor or sharp knife where the bulge made by your wallet shows and then lift your money. Avoid patting the pocket where you carry your wallet. This instinctive gesture made by most men, locates the wallet for the pickpocket.

You can outsmart these smart guys. Here are some simple rules that will help you to do it:

DON'T

1. Don't get into conversation with strangers.
2. Don't gamble with anyone you don't know well. Even among those you know, you can't always tell.
3. Don't think you can make easy money.
4. Don't flash a roll of bills in public.
5. Don't accept drinks from strangers.
6. Don't buy drinks for B-girls.
7. Don't go to a hotel room with a "pick-up," even of your sex.
8. Don't meet a "pick-up" on a corner late at night.
9. Don't carry your wallet in your hip-pocket.
10. Don't carry much money with you at any time.
11. Don't be the "lone wolf" type. When possible, travel in "pairs" with a buddy you know.

If, in spite of this advice, you discover that you have been victimized by con-men, B-girls, prostitutes or pickpockets, report the incident immediately to the nearest civil or Military Police. This will aid substantially in effecting the arrest and subsequent prosecution of the culprit.

If at all possible, be available to civil authorities on trial date to insure prosecution. Many cases have not been brought to trial due to absence of accuser.

VD AND THE BERLIN AIRLIFT

A Page from Medical History

by Lt. Col. Harry G. Moseley, USAF (MC)

(From "Medical History of the Berlin Airlift," United States Armed Forces Medical Journal, November, 1950)

The incidence of venereal disease among Airlift troops was excessive. Fortunately, with modern therapy there was little lost time as the majority of patients were treated on a duty status and periods of removal from flying were brief.

Whether or not there have been any undesirable sequela associated with this high incidence cannot be determined at this time, but the fact that the rates were excessive was a cause for concern as it reflected adversely on the morale and discipline of the troops.

The chief cause for this high incidence was the fact that persons suddenly removed from their established homes and placed in a new environment made hasty heterosexual adjustments. This is strongly supported by the marked rise in rates when new troops were brought in and the subsequent decline as readjustment took place and better control measures were effected.

Also contributing to the high rate was the fact that the acceptable recreational outlets were either overcrowded or could not be used because of the shifts on which many persons were working, and until they could have their off-duty time channeled into authorized recreation, there was much time spent in careless sexual pursuits. Another factor was the fact that when bases were expanded and new fields were opened, a large number of camp followers accumulated in the hope of gaining a livelihood from the American troops, self-support being difficult in a war-impooverished nation.

Attempts were made to control the number of transient women in the base areas and to treat those who were infected. Attempts were also made to control exposure, but this was difficult. There was great resentment among the troops against any disciplinary measures taken when they were infected with venereal disease, and it is believed that many received treatment from outside sources. It is difficult to estimate what the rate would have been had all patients reported to Air Force physicians.

As dependents arrived, and as authorized recreational outlets improved, the recorded rate fell. The incidence of venereal disease in the Airlift appeared to be inversely proportional to morale and stability. Whether or not disciplinary measures were beneficial in its control is a matter of conjecture.



WORLD FRONT AGAINST VENEREAL DISEASE

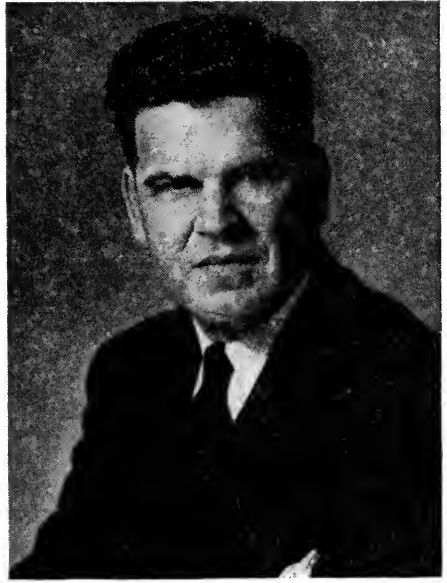
For many reasons, 1950 was an important year for the International Union Against the Venereal Diseases, official international voluntary agency in the VD field.

By 1950, most of the national social hygiene groups who are members of the Union were advocating the use of penicillin for VD, and papers presented at the Union's 27th General Assembly in Zurich last July indicated good results with the drug. VD workers throughout the world had proved for themselves that American techniques of penicillin therapy, formerly regarded with some skepticism in a number of countries, are sound and successful.

In 1950, also, the Union took a step on the road toward improved communications, better reporting and stronger bonds among those in the VD field by discarding the term *hereditary syphilis* in favor of *congenital syphilis*. Thus they resolved a philosophical argument begun years ago when some insisted on using the condemnatory *hereditary syphilis* to emphasize to parents their guilt in transmitting infection to innocent children.

In 1950, a very successful session on congenital syphilis, held in conjunction with the 6th International Congress of Pediatrics, inspired the Union to plan a joint conference, on sex education, with social workers, doctors, psychologists and educators during its 1951 General Assembly in Paris next May, when the Union will be guest of the French Society for Moral and Social Prophylaxis and the French Government.

Perhaps the most dramatic step, in its long-range implications both for the Union's program and for children everywhere, was a resolution recommending that the Union's executive committee consult with appropriate representatives of different cultures about constructive proposals on health and sex education to WHO and UNESCO. The Union pointed out that the problems of health education and sex education differ among cultures and noted the need for collaboration in these fields among doctors, educators, religious leaders and social workers.



Dr. Heller

Climaxing a year of significant progress in the broadening of social hygiene internationally, the Union decided to establish regional offices in Zurich and an Asiatic center to serve Europe and Asia in the same manner that the regional office for the Americas, operated by the American Social Hygiene Association in New York, coordinates the work of the Union's members in the western hemisphere. The Union stipulated that regional office directors will serve as assistant secretaries-general so as to take advantage of their practical experience in program planning and administration.

Accepting in a resolution "the supreme importance of laboratory techniques in which the clinician can have complete confidence," the Union urged the World Health Organization to arrange an international conference on serodiagnostics in 1951 or 1952.

Members of the Union agreed also to recommend that governments prohibit the free sale of penicillin and authorize its sale only on prescription. They felt that on board ship where there is no doctor, a patient should not receive penicillin for VD until he has had a medical examination.

Finally, in line with its policy of cooperation with other international organizations, the Union moved toward closer affiliation with WHO and UNESCO, welcoming their representatives as well as observers from the League of Red Cross Societies and the International Alliance of Women.

The Union opened its General Assembly with an impressive service honoring the memory of Dr. William Freeman Snow, its president for the last three years. His sudden death, only a few weeks before the meeting, stunned and grieved the international group, to whom he had given years of devoted attention and inspiring leadership. Dr. Bruce Webster, chairman of the United States delegation, read a message Dr. Snow had prepared for the conference.

A special feature of the Zurich meeting was an American exhibit, prepared jointly by ASHA and the USPHS, illustrating the scope of cooperation between the voluntary and government agencies in the United States in VD control and prevention.

The Swiss Society Against the Venereal Diseases and the Swiss Government were hosts to 75 delegates from 29 countries. In addition to Dr. Webster, the United States delegation included Mrs. Josephine V. Tuller, director of ASHA's division of international activities, secretary; Franklin M. Foote, M.D., executive director of the National Society for the Prevention of Blindness, New York City; and John R. Heller, Jr., M.D., director of the National Cancer Institute, Bethesda, Md.

Three Americans—Dr. Webster, Mrs. Tuller and Dr. Heller—are among the new officers of the Union.

The Union's new executive committee includes:

Dr. E. H. Hermans, The Netherlands, president; Dr. Leon Dekeyser, Belgium, vice-president; Col. L. W. Harrison, Great Britain, vice-president; Dr. John R. Heller, Jr., United States, vice-president; Professor K. Gawalowski, Czechoslovakia, vice-president.

Dr. A. Cavaillon, France, secretary-general; Prof. W. Burckhardt, Switzerland, assistant secretary-general; Mrs. Josephine V. Tuller, United States, assistant secretary-general.

Dr. H. Gougerot, France, technical counselor; Dr. H. Brun-Pedersen, Denmark, technical counselor; Dr. A. J. King, Great Britain, technical counselor; Professor G. Canaperia, Italy, technical counselor; Dr. Bruce Webster, United States, technical counselor; Dr. H. Moura Costa, Brazil, technical counselor; Professor L. M. Pautrier, France, technical counselor.

Mr. J. Pfeiffer, France, legal counsel; (to be appointed) treasurer; Miss Marguerite Troue, France, administrative secretary.



NEW RESPONSIBILITIES IN VD CONTROL

by Dorian Paskowitz, M.D., and
Walter B. Quisenberry, M.D.

In August of 1949, the Bureau of Venereal Diseases and Cancer Control of the Department of Health, Territory of Hawaii, embarked upon a program to study 12 cases of highly promiscuous women of varying ages, races and educational levels. The purpose of the study was to gain a better understanding of the psychodynamics of the highly promiscuous female.

That it would not be possible to conduct a well-controlled research program was known from the beginning. But it was hoped that the investigation would aid in clarifying the Bureau's responsibilities in the fields of mental and social hygiene in relation to the work of a venereal disease control program.

Now, after carrying on the program for approximately 15 months, and after applying our findings to the work of venereal disease control, we feel that the study has better prepared us to take an active part in the mental and social hygiene programs operating within the community.

It would be very encouraging if we had, as a result of the time we spent, arrived at some original and unique conclusions regarding the psychodynamics of the highly promiscuous individual. Unfortunately, this was not so. Nevertheless, we have been able to substantiate, through our own investigation, some of the conclusions reached by other workers in this field.

More important than our observations, however, and the reason this Bureau is sharing our experience through this article, is the fact that benefits have resulted to our venereal disease control

program and to the community, generally and specifically, as a direct result of our participation in this work. The most important and practical conclusion drawn from the study is the awareness that venereal diseases, and the spread of venereal diseases, is dependent in the main on sexual promiscuity, which, in turn, is directly related to a disorder of personality.

In our study of the selected 12 women, an average of six to ten hours of interviews was spent with each of them. Eight of the women had been prostitutes, six still were. As a group, their cooperation was outstanding . . . they were most anxious to tell of some of their personal worries.

All of the individuals were considered by approximation to have average intelligence, with at least one-third probably at the college level. Most of them were able to verbalize quite remarkably regarding their individual complaints, and very often their reflective thinking, as indicated in written biographies, was outstanding in clarity and insight.

Three of the women were able, through insight derived from the interviews, to decrease the number of their promiscuous exposures. One of them was able to give up her unusual behavior and to get married. The last follow-up on this patient, six months after her treatment, indicated her prognosis still to be encouraging.

Some of the conclusions derived from this study were in keeping with those expressed by Dr. Richard A. Koch and his associates in their psychiatric study of the promiscuous personality.* Perhaps the most outstanding emotional trait evidenced by these patients was the limited scope of their personality and the marked fear that was operating in their social relationships. Immaturity, both of a social and emotional nature, was almost universally present.

It was also strikingly evident, and in a sense somewhat paradoxical, that on the average these women manifested a lesser degree of sensuality than would be considered average. Only a very few of them had had satisfactory sexual partners, and at least one-third of them had never experienced complete sexual satisfaction.

They Showed Resentment

A very common attitude which occurred in at least 75% of these individuals was strong resentment toward one or both parents. In the majority of cases, the resentment was limited exclusively to the mother. These same women showed noticeable limitation of companionship with members of their own sex. They not only had few or no satisfactory friendships with other women but were strikingly suspicious of them.

* A Psychiatric Approach to the Treatment of Promiscuity, by Safier and others. ASHA Pub. No. A-741, 75¢.

Homosexuality was practiced by three of the group, two of whom spoke of homosexual experiences as satisfactory and sought after. This subject was not discussed by every woman interviewed, but it is the feeling of the observers that homosexuality may have been common to the majority.

Eleven of the 12 cases had come from broken homes and the twelfth from a home in which there was considerable marital disharmony. It is interesting to note that in the one case the home was of the highest economic level. During early adolescence, the girl had become aware of the continued infidelity of her father and had discussed the subject with him. She also knew that his unfaithfulness was unknown to her mother.

The final interesting observation was the high percentage of the group who sought sexual partners of a somewhat permanent nature from races markedly distinct from their own. Caucasian women, for example, frequently chose Negro or Oriental men. Because of the polyglot nature of the population in Hawaii, this interracial selection, of course, is easily made and not severely frowned upon socially.

Of the 12 women, six were Caucasian; three were Negroes; one, pure Hawaiian; one, Hawaiian-Caucasian; one, Filipina. The most permanent sexual and personal relationships established by nine of the 12 women were with partners of a strikingly different racial character.

The exceptions were the three Negro women. They had established permanent relationships with husbands of the same race. It is interesting to note, however, that two of these three women were the only ones in the study who outwardly expressed little evidence of guilt or disturbance about long-standing homosexual relationships with women of the same or different race.

As previously mentioned, we feel the primary importance of this study is not the data compiled on the sexual behavior of 12 women.

The important result of the study has been the development of a new approach in our work of venereal disease control based on our awareness of the relationship between venereal infections and personality problems. We would like to describe some of these benefits in detail, since they represent the essential justification for this report.

Staff members of our Bureau have actively accepted their new responsibilities in the light of this new approach to their venereal disease control work. Realizing the relationship between sexual promiscuity and emotional problems, they have tried to isolate during routine venereal disease interview sessions areas in which the patient might have specific emotional difficulties which require counseling and guidance.

This function is carried on primarily by our nurse epidemiologists. They frequently note emotional problems and refer patients to appropriate treatment agencies when such agencies are available. Since they see that a large number of these problems involve marital conflicts, the staff places considerable emphasis—as a preventive measure—on skillful interrogation of couples who come to the Bureau for their mandatory premarital blood tests.

Understanding some of the dynamics of the behavior of our most promiscuous venereal disease patients, especially of those in whom there is evidence of resentment toward members of their own sex, we have been able to vary our interviewing techniques in such a way as to obtain more valuable contact information, as well as to establish a close and friendly relationship between the investigator and the woman interviewed.

Advantages Result

It goes without saying that a better understanding of our patients results ultimately in our patients' placing more confidence in us. Good rapport, established with several of our most notorious females and generally within the most promiscuous segment of our clinic population, has served to popularize the fact that our Bureau is a friendly, uncoercive institution where services are personalized and advice and counseling are available. Recently, we have found it easier to get contact information from this most promiscuous group, a situation that we feel has resulted from this good rapport and our new approach in venereal disease control.

It has been to our advantage throughout this project to work closely with the Honolulu Police Department's morals division. We have been able, through such cooperation, to learn more of the activities of the subjects of our study and to gain the cooperation of the Police Department in the job of rehabilitation. They have rendered us excellent service and have been quick to re-evaluate some of their "problem girls" with a more sympathetic eye.

A joint coordinating committee has been formed by the Police Department's morals branch and the Bureau of Venereal Diseases. This committee has served as a common meeting place to discuss matters pertaining to vice, venereal disease and narcotic addiction, as well as the mental and social hygiene aspects of abnormal behavior. The committee, which now serves many other useful functions which materially assist us in the control of venereal disease, is a long-term benefit which developed as a by-product of the personality study. Further extension of its functions will see the addition of representatives from the courts to meet with us in

round-table discussions of behavior problems which pertain to the interrelated activities of the Bureau of Venereal Diseases, the Police Department and the courts.

Since it has been necessary to refer several cases in the group studied to other voluntary or official agencies working in the field of mental health, our Bureau has had an opportunity to learn of the mental hygiene resources available in the community. As a result, it has been possible to establish close working connections with these agencies for the referral of many other emotional problems noted within the last 15 months by the Bureau of Venereal Diseases.

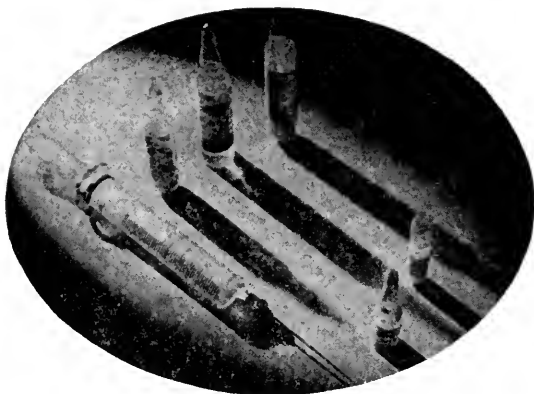
Finally, through working closely with 19 separate voluntary and official mental health agencies, we have been able to see in a broad sense where there is need for better integration of services among the various mental health and human relations programs. The Bureau of Venereal Diseases has attempted to stimulate coordinating meetings where the agencies involved might meet to discuss the problems of interlocking functions and limitation of resources, and to resolve those areas which require greater community support in order to strengthen the overall community mental health program.

It should be especially noted that very close working relationships have been established with the Department of Health's bureau of mental hygiene, the Mental Hygiene Society, and the Department of Public Instruction. The Bureau of Venereal Diseases has tried to take an active part in the mental health educational projects sponsored individually and collectively by these agencies.

In summary, it can be said that through a very limited study of the emotional patterns of the promiscuous patient, the Bureau of Venereal Diseases has been able to become realistically aware of the relationship between the spread of venereal diseases and the personality of the patient. As a result, the Bureau of Venereal Diseases has been able to enthusiastically endorse the opinion that "penicillin is not enough."

It is our conclusion that a venereal disease center is virtually a clearing-house of emotional ills. It is our opinion that attempts should be made to incorporate mental health services into the operation of a venereal disease control program, either through direct services or referral of specific cases to appropriate guidance agencies which work in close connection with the Bureau of Venereal Diseases.

In order to give to our Bureau this vital service, it has been necessary to participate actively in many varied phases of our community's overall mental health program. Such efforts, we feel, are of basic importance in the control of venereal diseases.



STRANGE STORIES IN VD RECORDS

From the Arkansas Health Bulletin, June 1950

Five unusual case histories on venereal disease have just been published by the Arkansas State Board of Health in its drive to uncover and treat syphilis and other venereal infections. These stories illustrate how this disease may be contracted innocently or in some strange manner, and its effect on the lives of average Americans.

First in the series of true cases taken from the files of the health department is the story of a teen-age group of boys and girls. A number of young girls gave a birthday party. Along with normal party activities, the young couples played a streamlined type of post office kissing game. The results of this game shocked the whole community, as five of the girls became infected with lip sores that were syphilitic. One boy had spread the infection. Fortunately, it was discovered early, and all cases were successfully treated.

A second story deals with a young woman who contracted the disease through a blood transfusion given by her own father. Normally this could not happen, as all blood is tested before a transfusion is given, but in this emergency case there was no time to check the father's blood. None of the others in the family was infected, and the young woman was treated before the disease could harm her permanently. The father was not so fortunate, but treatment voided the possibility of blindness and insanity caused by undiscovered late syphilis.

Fantastic could be the label applicable to the third story of four members of a family of six that were infected with syphilis through contact with a young relative visiting the family. The young girl

infected a five-year-old boy, who in turn passed the disease to a younger sister, his mother and her six-month-old baby. All were treated before complications set up.

The fourth case concerns a giveaway that even the modern quiz programs haven't equaled: A successful automobile dealer suddenly found that his partner had given away several brand-new automobiles with no questions asked. On checking up, he found that his partner's mind had become unstable as a result of a syphilis infection contracted in France during the first world war.

Last in the series tells the story of a young college boy who becomes infected with syphilis as the result of one evening's misadventure. A toothache, a drink to ease the pain, then too many drinks and a girl pick-up almost ruined a bright career for this young man and his sweetheart. His primary lip sore was treated by the health department, and luckily he did not infect the girl he was engaged to.

Most of these stories have a happy ending, but such is not the case with many persons, who, even now, are infected with syphilis. Years later, if not found and treated, the disease can cause blindness, insanity, heart trouble, paralysis and even death.

These stories, therefore, serve as an illustration that the disease of syphilis is everywhere and can be contracted in strange or unusual ways in addition to sexual relations, which are responsible for the transfer of over 90% of all venereal infections.

The moral to this information is to get a periodic blood test for syphilis from your doctor or health department, whether or not you suspect infection.

SYPHILIS IS **EVERYBODY'S** **PROBLEM**



THE BOY AND GIRL
GOING TO SCHOOL



THE EMPLOYER



THE WORKER



THE MAN & WOMAN
ABOUT TO WED



EXPECTANT MOTHER

YOU PAY AND PAY
IN.....
INEFFICIENCY—INSANITY
ACCIDENTS—PARALYSIS
BLINDNESS—STERILITY
.....CASH/



EVERY TAXPAYER

ILLUSTRATIONS BY JACKSON PETERSON

INTERSTATE MARRIAGES AND THE MASSACHUSETTS PREMARITAL LAW

by Nicholas J. Fiumara, M.D., M.P.H.

On March 23, 1949, venereal disease control officers of New York and the New England states agreed upon the essentials of a premarital examination law and an acceptable premarital medical certificate form which could be used for intrastate as well as out-of-state marriages.¹ Following this, the Massachusetts premarital examination law was changed by legislative action on February 20, 1950, and became effective on May 21, 1950.²

The major changes in our new premarital law are:

1. The requirement that individuals with communicable syphilis receive treatment prior to marriage.
2. The acceptance of physical examination reports of any physician in the United States and its territories; of medical officers of the Armed Forces; and of United States Public Health Service and Canadian physicians, provided that the blood sample has been examined by a laboratory of any state health department, territory of the United States, District of Columbia or New York City, or a laboratory of the United States Armed Forces, Public Health Service or provincial health department of Canada.
3. The acceptance of premarital examination certificates of other states, territories, Washington, D. C., New York City, and the Canadian provinces, under certain conditions and provided that their laws are compatible with ours.

As of December 15, 1950, 39 states, three territories and four Canadian provinces had premarital examination laws (Table I).

Under our new premarital examination law, Massachusetts will accept the medical certificates, when properly executed, of 34 states, two territories, New York City and one Canadian province. In turn, at the present time, only 16 states, Alaska, New York City and the Canadian province of Manitoba will accept the Massachusetts certificate when properly completed by a Massachusetts physician and provided also that the blood specimen has been examined at our State Wassermann Laboratory.

¹ Fiumara, N. J., et al. A Plan to Simplify Premarital Laws. *American Journal of Public Health*, 40:1238-1240, Oct. 1950.

² Fiumara, N. J. The Premarital Examination Law. *New England Journal of Medicine*, 243:238-240, Aug. 10, 1950.

TABLE I

PREMARITAL LAWS IN THE UNITED STATES AND CANADA

Reciprocity between Massachusetts and Individual States, Territories,
New York City, and Canadian Provinces

December 1, 1950

State, Territory or Province	Massachusetts Certificate Acceptable in Listed State	Out-of-State Certificate Acceptable in Massachusetts	Waiting Period in Days between Application for and Issuance of License	Number of Days Blood Test Valid in Listed State
Alabama	No	Yes	0	30
Alaska	Yes	Yes	3	30
Arizona	NO LAW		0	
Arkansas	NO LAW		0	
California	Yes	Yes	3	30
Colorado	Yes	Yes	0	30
Connecticut	Yes	Yes	5	35
Delaware	Yes	Yes	24 hrs., residents 4 days, non-res.	30
District of Columbia	NO LAW		5	
Florida	No	Yes	3	30
Georgia	No	Yes	0	30
Hawaii	No	Yes	3	30
Idaho	Yes	Yes	0	30
Illinois	No	Yes	1	15
Indiana	No	Yes	0	30
Iowa	Yes	Yes	0	20
Kansas	Yes	Yes	3	30 residents 20 non-res.
Kentucky	No	Yes	3	15
Louisiana	Yes	No*	3	15
Maine	Yes	Yes	5	30
Maryland	NO LAW		2	
Michigan	No	Yes	5	30
Minnesota	NO LAW		5	
Mississippi	NO LAW		0	
Missouri	Yes**	Yes	3	15
Montana	Yes	No	0	20
Nebraska	No	Yes	0	30
Nevada	NO LAW		0	
New Hampshire	Yes	Yes	5	30
New Jersey	Yes	Yes	3	30
New Mexico	NO LAW		0	
New York State	Yes	Yes	0	30
New York City	Yes	Yes	3	30
North Carolina	No	Yes	3	30
North Dakota	No	Yes	0	30
Ohio	No	Yes	5	30
Oklahoma	No	Yes	0	30
Oregon	No	Yes	3	10
Pennsylvania	No	Yes	3	30

TABLE 1—(continued)

PREMARITAL LAWS IN THE UNITED STATES AND CANADA

Reciprocity between Massachusetts and Individual States, Territories, New York City, and Canadian Provinces

December 1, 1950

State, Territory or Province	Massachusetts Certificate Acceptable in Listed State	Out-of-State Certificate Acceptable in Massachusetts	Waiting Period in Days between Application for and Issuance of License	Number of Days Blood Test Valid in Listed State
Puerto Rico	No	No		10
Rhode Island	Yes	Yes	0 residents and male non-res. 5 non-res. females	40
South Carolina	NO LAW		24 hours	
South Dakota	No	Yes	0	20
Tennessee	No	Yes	3	30
Texas	No	Yes	0	15
Utah	No	Yes	0	30
Vermont	Yes	Yes	5	30
Virginia	No	No	0	30
Virgin Islands	NO LAW			
Washington	NO LAW		3	
West Virginia	No	Yes	3	30
Wisconsin	No	No	5	15
Wyoming	No	Yes	0	30

CANADA

Alberta	No	No		14
British Columbia	Law never put into effect			
Manitoba	Yes	No	0***	30
New Brunswick	NO LAW			
Newfoundland	NO LAW			
Nova Scotia	NO LAW			
Ontario	NO LAW			
Prince Edward Island	No	No	7	30
Quebec	NO LAW			
Saskatchewan	No	Yes		30

* No official certificate prescribed.

** Attach the Wassermann Lab. slip to Mass. Premarital Form.

*** Special authorization required for out-of-state residents.

NOTE: An out-of-state premarital examination certificate acceptable in Massachusetts must be signed by a physician licensed to practice in any of the states, District of Columbia and territories of the United States or a medical officer of the U. S. Armed Forces or Public Health Service. The blood test for syphilis must have been performed at a laboratory operated by or for a State Department of Public Health, District of Columbia, New York City, or Territorial Health Department of the United States, a laboratory of the Armed Forces or Public Health Service of the United States, or a laboratory of a Provincial Health Department of Canada.

In Table II are listed the 14 states and Hawaii which, while requiring that their own premarital certificate be used, will accept the signatures of Massachusetts physicians and the results of our State Wassermann Laboratory.

Conclusion

The new Massachusetts premarital examination law has made it possible for us to carry out more effectively the basic objectives of a premarital examination law. It has also provided the legal machinery for facilitating and making it more convenient for out-of-state residents to be married in Massachusetts as well as for Massachusetts residents who are planning to be married elsewhere in the United States and in Canada.

TABLE II

STATES, TERRITORIES AND CANADIAN PROVINCES REQUIRING OWN PREMARITAL CERTIFICATE BUT ACCEPTING THE LABORATORY REPORT OF STATE WASSERMANN LABORATORY AND PHYSICAL EXAMINATION OF MASSACHUSETTS PHYSICIAN (DECEMBER 1, 1950)

State	Massachusetts State Wassermann Laboratory Report Acceptable	Massachusetts Physician's Physical Examination Report Acceptable
Alabama	Yes	Yes
Florida	Yes	Yes
Georgia	Yes	Yes
Hawaii	Yes	Yes
Illinois	Yes	Yes
Indiana	Yes	Yes
Kentucky	Yes	No
Michigan	Yes	Yes
Nebraska	Yes	Yes
North Carolina	Yes	No
North Dakota	Yes	Yes
Ohio	Yes	No
Oklahoma	No	No
Oregon	Yes	No
Pennsylvania	Yes	No
Puerto Rico	Blood test not required	No
South Dakota	Yes	Yes
Tennessee	Yes	Yes
Texas	Yes	Yes
Utah	Yes	Yes
Virginia	Yes	Yes
West Virginia	Yes	No
Wisconsin	Yes	Yes
Wyoming	Yes	No
CANADA		
Alberta	No	No
Prince Edward Island	No	No
Saskatchewan	Yes	No

PREMARITAL COUNSELING AS AN ADJUNCT TO THE PREMARITAL EXAMINATION LAW

Four Years' Experience with Individual Premarital Counseling in a Public Health Clinic

An Abstract of a Report
by Stella B. Soroker, M.D.

Because patients wanted facts and reassurance in preparation for their coming marriages, the Women's Premarital Clinic in Los Angeles decided in 1945 to inaugurate a premarital counseling service in conjunction with its syphilis testing program.

From 217 patients selected because of youth, virginity, anxiety or personal request, the service tried to discover the type of information the girls desired and, by limited counseling, to prevent maladjustments rooted in ignorance and anxiety.

In each case, the clinic recorded the girl's vital statistics, questions, level of education and information, general attitude, intelligence and degree of emotional maturity.

Although the group's educational level was high, only 27% had received anything approaching adequate training for family life, and many lacked information basic to any discussion of the sexual side of marriage.

Counseling varied according to the type of questions the girls most frequently asked. The interview covered preparation for marriage, factors influencing marital success, anatomy and physiology, sex, democracy in marriage, discussion of the girl's individual questions, medical referrals, presentation of a marriage pamphlet, and a reminder that postmarital advice was available. There was no organized follow-up.

About 75% of the girls were receptive, responsive, mature; others were anxious and poorly adjusted. Many girls working in offices near the clinic availed themselves of the counseling service.

After four years' experience with this type of brief counseling, the clinic feels that the interview should include the husband-to-be and that the couple should have access to the services of a mental hygiene consultant.

To furnish essential information, clear up misconceptions and relieve apprehension, and to screen individuals who might require more extensive counseling or psychiatric help before marriage, the clinic considers counseling a desirable public health adjunct of the premarital examination.

BEHIND THE BY-LINES

Dr. Kenneth E. Oberholtzer
Miss Myrtle F. Sugarman

It was TIME's story on the Denver schools (and cover picture of Superintendent Oberholtzer) almost a year ago that inspired ASHA's editors to solicit the delightful article by Dr. Oberholtzer and Miss Sugarman in this issue of the JOURNAL OF SOCIAL HYGIENE.

Said TIME last February 20, "In many ways Kenneth Oberholtzer is a schoolman's schoolman." Confirming that evaluation of the man, the American Association of School Administrators last month elected him their president . . . top recognition for a public school head.

Son of a schoolman, Dr. Oberholtzer studied at the University of Illinois and received his Ph.D. at Columbia University's Teachers College.

Now 46, he is superintendent of the Denver school system . . . 56,000 pupils, almost 2,000 teachers, five high schools, 11 junior highs, 63 grade schools and a special school for handicapped children. Before going to Denver in 1947, he was school superintendent of Long Beach, Calif., youngest superintendent of any city of 100,000 population or more.

Miss Sugarman is supervising teacher in the Denver school system's department of publications.

Dorian Paskowitz, M.D.
Walter B. Quisenberry, M.D.

After he finished Stanford University Medical School in 1945, Dr. Paskowitz spent almost three years in the Navy . . . "the most interesting part, the Bikini test."

Then followed seven months of general practice before "a real medical adventure" in the Bureau of Venereal Diseases and Cancer Control, Department of Health, Territory of Hawaii. He is working in family relations, marriage counseling and psychiatric rehabilitation of the promiscuous . . . "to me the new horizon in VD control."

Born in Galveston, reared in a little beach town near San Diego, Dr. Paskowitz has given his heart to the land Dr. Ira Hiscock of Yale calls "potentially the healthiest spot on earth" . . . the Hawaiian Islands. He adds that "nothing gives me more pleasure than the practice of medicine, except, of course, my wife Elizabeth and our new daughter Claudia."

■

Dr. Quisenberry, with whom Dr. Paskowitz collaborated in writing "New Responsibilities in VD Control," is his chief in the Bureau of VD and Cancer Control.

■

Dr. Stella B. Soroker is on the staff of the Los Angeles Department of Health.

Col. William G. Purdy, MPC

Texas-born Colonel Purdy has given over 30 years of service to his country. Appointed a second lieutenant in the infantry in 1917, he served with the 12th Infantry Division and the 42nd, 50th and 8th Infantry Regiments.

During World War II he was assistant chief of staff G-3 for the 41st Infantry Division, commanded the 162nd Infantry Regiment and then served as provost marshal on General MacArthur's staff.

He has served in two armies of occupation, in Germany from 1919 to 1923, in Japan from 1945 to 1948.

Colonel Purdy, who holds the Distinguished Service Medal, Legion of Merit and Bronze Star, is the father of four sons and a daughter: Lt. Col. William A. Purdy, 1941 West Point graduate; Lieut. James G. Purdy, USAF, killed in action in 1943; Cadet John T. Purdy, U. S. Military Academy; Pfc. Richard A. Purdy, U. S. Marine Corps; and Mrs. E. L. Sansom, whose husband, Captain Sansom, USAF, was killed in 1943.



Kenneth Fink, who directs the New Jersey Poll, is director of the Princeton Research Service, Princeton, N. J., an independent nonpolitical organization devoted exclusively to public opinion research.



Lt. Col. Harry G. Moseley, USAF (MC), is deputy air surgeon of the United States Air Force in Europe.

Betty Huse, M.D.

Dr. Huse's special interest as a pediatrician is in cardiology, and to her work with the Children's Bureau she adds weekly service in the out-patient department of the Children's Hospital of Washington.

Born in Norfolk, Neb., she was graduated from Cornell University Medical College in 1933. She holds certificates from the National Board of Medical Examiners and the American Board of Pediatrics, and is a member of the American Academy of Pediatrics.

After serving as assistant resident in the pediatrics department of New York Hospital and as an instructor in pediatrics at Cornell, she became assistant chief of program planning in the Health Services Division of the Children's Bureau. She is now in the Division of Maternal and Child Health.

Dr. Huse is the wife of Josef Pielage, an artist of Dutch birth, and the mother of a five-year-old.

Nicholas J. Fiumara, M.D.

Except for the war years, Dr. Fiumara, like any proper Bostonian, has stayed close to the Charles River.

He went to Boston College, received his M.D. from Boston University's School of Medicine and his Master of Public Health from Harvard, where he studied VD control methods under Dr. Walter Clarke, ASHA's executive director.

Now director of the Massachusetts Department of Public Health's division of venereal diseases, he previously served as epidemiologist and district health officer.

BOOK NOTES

THE CRIMINALITY OF WOMEN, by Otto Pollak. Philadelphia, University of Pennsylvania Press, 1950. 180p. \$3.50.

Professor Pollak has performed a notable service in bringing together in this volume a good part of the literature relevant to the nature and etiology of female delinquency.

His major thesis here, quite admirably defended, is that, contrary to traditional assumptions and the apparent significance of available statistical data, in fact there do not exist meaningful and demonstrable differences between the volume of male and female crime. Alleged differences, it is maintained, reflect instead the higher visibility of men's law violations: Women are characterized by deceitfulness and concealment in their criminality, so that their "masked crimes"—undetected and unrecorded—make up a far higher proportion of their antisocial acts than is true for the male.

Thus, their abortions, petty larcenies and prostitution, in none of which are prosecution rates any real index of frequency of violations, go far to make women's crime rates similar to those for men: "At least in our culture, women are particularly protected against the detection of criminal behavior on the one hand and exposed to a wealth of irritations, temptations, and opportunities

which may lead them to criminal behavior on the other."

The author finds that female criminality is differentiated from the male, however, not so much in the types of crimes they commit as in the ways in which they commit their offenses and in the etiology of their crimes. Women are more frequently instigators, accomplices and accessories than principals. The objects of their corruption are children, family members and personal associates rather than strangers. Subtlety and concealment are more characteristic than direct and overt aggression.

These qualities are deemed to reflect the physiological peculiarities of the female—her passive erotic role, menstruation, the menopause, pregnancy—and the accompanying psychological responses, defensive and protesting.

The trend of crime rates, moreover, is toward an increase in female criminality, for women today continue to occupy the traditional homemaking roles which have been associated with their domestic offenses, while at the same time they assume wage-earning functions that facilitate new varieties of female crimes. As the author states in summary: "In short, the criminality of women reflects their biological nature in a given cultural setting."

This study provides useful comparative research data from the literature of European countries. It concludes with an excellent summary and bibliography and a short index.

PAUL W. TAPPAN

HOW TO HELP YOUR CHILD IN SCHOOL, by Mary and Lawrence Frank. New York, Viking Press, 1950. 368p. \$2.95.

This book is practical. Modern principles of child growth and learning are translated into easy-to-understand language. Applications in realistic life situations make the principles come alive for the reader and have real meaning. Modern school methods and philosophy are so clearly and accurately interpreted that the reader, inevitably, acquires an intelligent understanding of them.

Parents will find reassurance for their failures and inspiration for their future efforts. Teachers will find a greater understanding both of parental problems and of the interaction of home and school experiences in the life of the child. In fact, **HOW TO HELP YOUR CHILD IN SCHOOL** is good reading for *anyone* interested in understanding the child. Therefore, it should be in public libraries, classified not only as parent education but also as life adjustment literature.

The organization is clean-cut. An overall view of the home, the school, child growth and learning precedes the step-by-step progress of the child from nursery school through the sixth grade. The *why* of behavior is the focal point of interest throughout. A short but pithy closing chapter on the parent, teacher and community leaves the reader challenged and eager to start *doing* what he has been learning.

The book is indexed and has a list of organizations helpful to par-

ents and a chapter-by-chapter bibliography combined with a reading list. Mr. Frank has made many fine contributions in the field of child guidance, but this book, written in collaboration with his wife, is one of the best things that he has done.

MRS. PAYTON KENNEDY

EDUCATING OUR DAUGHTERS, by Lynn White, Jr. New York, Harper & Brothers, 1950. 166p. \$2.50.

President White of Mills College has some telling comments to make on that quirk in our society that educates women to be successful men and then expects them to be successful women. The result is that women have little respect for their purely feminine functions in society.

Three things are important in a woman's education: she must be prepared to meet the crises of the twenties and the forties; she must understand the peculiar development of the condition of women in America; she must be provided with a study atmosphere that respects feminine interests and activities.

The family as such should be a subject for study, with little emphasis on neurotic aspects, and family values should permeate literature and history courses. Lending prestige to the family, making a woman glad she is a woman, arousing in her a personal interest in volunteer community activities, educating her for catastrophe—not merely for success—these are the functions of education for women.

The problem of combining a career with a family is in reality one of keeping alive vocational skills and contacts so that when her children are grown, the middle-aged woman may find new outlets.

FAMILY, COMMUNITY, AND MENTAL HEALTH, by Bernice M. Moore and Robert L. Sutherland. Austin, University of Texas, 1950. 64p. 50¢.

This report, in attractively illustrated handbook style, on a two-year study of local community action to meet family needs, was produced under the joint sponsorship of the Hogg Foundation for Mental Health and the Woman's Foundation of New York. The patterns of procedure outlined here, with suggested ways and means, should stimulate other communities to develop such cooperative methods.

The first section explains that the community setting is important to the mental health of the individual and that changes in the cultural pattern of the community can prevent personality disturbances. Chapter I tells why and how the Texas studies were undertaken.

Chapter II concerns the findings of the Texas communities and stresses the need for leadership and teamwork and gives do's and don'ts. The final chapters explain in an easy-to-follow, practical way the techniques that were used: surveys, workshops, institutes, conferences, publicity.

The type, format, use of white space (in this case gray) and the stylized, whimsical illustrations make it a pleasure to read this

booklet, crammed as it is with information valuable to all communities seeking more healthful environments for their children.

LET'S LISTEN TO YOUTH, by H. H. Remmers and C. G. Hackett. *Better Living Booklet*. Chicago, Science Research Associates, 1950. 49p. 40¢. Quantity rates.

After questioning 15,000 young people about their physical, home, school, social, personal and career problems, Purdue University presents in this booklet information colored by the youthful point of view and addressed to parents and teachers. Parents will find enlightening answers here and explanations of puzzling young attitudes.

That parents should explain to their children that changes in physical growth are normal and natural, that they should allow for the inevitable conflict between independence and security, that they should convince their too-bright or not-so-bright offspring that mental ability is only one factor in school or job success—these are all reasonable proposals.

Only by frank answers to sex questions can parents hope to build wholesome attitudes. When approached about the choice of a mate (incidentally, 25% of the students revealed concern about marriage problems), parents should exert their influence through honest, factual discussion rather than exercise of authority, keeping in mind always that "the person whose home was a happy one has the best chance for a happy marriage."

THE LAST WORD

Toward Adjustment

How can we help students come to terms with their own feelings—and understand better why they feel as they do?

Can we help them remember the way they felt as children, toward their parents, toward other children, toward many other aspects of life and “why” they felt that way? Can we help them accept their feelings as boys and girls at each succeeding stage of their development, and understand “why” they may have felt as they did about themselves and the opposite sex?

Can we help young people see that happiness in marriage results not so much from finding the right person as from *becoming* the right person, so that they may become affectionate rather than critical, honest rather than clever, likable rather than impressive, helpful rather than demanding, predictable rather than impulsive, spiritual rather than cynical?

If so, we shall have gone a long way toward helping them become more cooperative sons and daughters, more mature husbands and wives, more understanding fathers and mothers.

—Ralph G. Eckert in the California
Journal of Secondary Education

PERIODICAL DEPT.

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About our cover . . .

Sgt. Edward Ratigan left ranks for just one more kiss from his wife as his son, Eddie, Jr., 3½, looks on. The sergeant was marching to the station at Birmingham with the 167th Infantry, famous in another troubled time as the Fourth Alabama. Third of a series of Journal covers on family life . . . photograph courtesy of Wide World Photos, Inc.

Harriett Scantland, Editor

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The Red Feather . . . Is Confused About Confusion

by Barbara Abel

(Reprinted from *Community*, magazine of Community Chests and Councils of America, Inc., February 1951)

"You cannot put three million men under arms and add other millions to our labor force without—without" a scratchy, metallic voice was pouring through the office partition, and I looked up from a manuscript with a scowl.

"What the—~~PERIODICAL DEPT.~~"

"... creating strains and stresses that tear—strains and stresses that tear—stresses that tear at the fabric of—the fabric of—the fabric of—the fabric of—"

I clapped the manuscript down on the blotter with a force that made the inkwell skip.

"In heaven's name, the fabric of *what*?" I roared.

"Our American way of life, I bet" obliged the Red Feather with a grin.

"... of our American way of life," proclaimed the scratchy voice. "We cannot enroll mothers as workers without—enroll mothers as workers without—as workers without—mothers as workers without—"

"Without WHAT?" I shrilled.

"Without asking father, no doubt," said the Red Feather.

"Who is this noisy guy, and what's he doing in the next office?" I demanded.

"Softly, softly, please. The 'guy' is nobody but General George C. Marshall. You are listening to a recording of his radio speech on the United Defense Fund. One of the stenos has been asked to take it down in shorthand, and apparently she's having trouble keeping up with the General, so she has to keep going back over the record. They've moved her into the next office so she can have some peace and quiet."

"Peace and quiet!" My voice dripped bitterness. "*She* should have peace and quiet! While I, who am supposed to be getting out a magazine—"

"If we are not forehanded," warned General Marshall, "if we are not forehanded we shall see a rise in juvenile delinquency—in juvenile delinquency—we shall see a rise in juvenile delinquency—"

"And in adult murder!" I gritted, and started to barge wrathfully for the door, just in time to collide head-on with the Editorial Assistant, laden with galley proof.

"Say," she began, "on this civil defense stuff, do we say that the Volunteer Bureaus are working *with* civil defense authorities, or *under* 'em, or *through* 'em? I'm a little confused."

"So are they," beamed the Red Feather. "I suggest you check with the National Advisory Committee on Citizen Participation."

"The United Defense Fund will be prepared to do just that," stated General Marshall. "Fund will be prepared to do just that—prepared to——"

"Oh, and that reminds me," chirped the Ed. Asst., "somebody has called up to ask, will the plain Red Feather be the symbol of the United Defense Fund, or will it have to be trimmed up with eagles and torches and stars and stripes?"

Plain or Trimmed

"The Red Feather, plain or trimmed, is still the symbol of united fund-raising, and——" I began.

"The United Defense Fund is an integral part," chipped in General Marshall, "Defense Fund is an integral part of—integral part of—integral part of——"

"All this is *very* confusing," sighed the Ed. Asst.

"*Everything* is confusing," I said glumly. "The whole country is in a tizzy of confusion. We're at war and we're not at war. We must have faith in peace and we must be ready to dive into bomb shelters. We must unite to back our government and we must fire our leading generals and statesmen. We get pushed around by aggressors, but the UN sits in meetings. We must sacrifice our all, but Congress argues and debates and debates and argues. I tell you, it's chaos."

"Correction, please," said the Red Feather briskly. "It's democracy. Sure, sure, the defense effort is slow and painful; fleas hop fast, but giants move slowly. Sure, Congress talks and talks; slaves don't argue, but Democrats and Republicans do. Sure, aggressors are fast on their feet; fools rush in, but angels appoint committees. Tyranny is simple and direct; democracy is terribly messy. But me, I'll take democracy. Of course," added the RF modestly, "that's just a naive idea of my own, and probably very confusing, but——"

"I feel sure," boomed General Marshall, "I feel sure that the American people will stand solidly—will stand solidly behind it."

Today's Crisis and Tomorrow's Families

As the Civilian Sees It

by Mrs. Oswald B. Lord

I am proud to have a part in this program to Safeguard Our Stronghold . . . The Family.

Our crisis is a continuing one, not to be resolved in a year or a decade, but likely to affect our lives and our planning for a generation. We must think now about what this fact will mean in our lives and the lives of our children, to the family and to the community.

As a result of the world situation, most of our young men and many of our young women must serve in the Armed Forces or in industry. Older women, too, will leave their homes, just as they did during the war, to help take up the slack left by the absorption of men into the services.

Demands are being made on an economy already operating at near-capacity levels. Even under pressure of wartime manpower controls and all-out production, unemployment never has dropped much below 700,000. It is obvious that women and older workers will have to re-enter the labor market; that hours of work and productivity will have to be increased; that available manpower will have to be redistributed so that necessary numbers and types of workers will be available in industries and communities where needed; that civilian defense needs must be given a high priority. Fire, police, health and welfare services need auxiliaries to meet possible bombing attacks.

During World War II. labor turnover was a major problem, and it bids fair to become a serious source of current production shortages unless community and plant facilities are improved to reduce turnover and absenteeism.

All of this will create a serious threat to the stability of the family. For we see the migration of workers from city to city; re-entry into the labor force of housewives, many with small children; longer hours of work with emphasis on increased productivity; and continued military expansion. All these factors will lead to the loss of normal youth experience in the home and the home community for many teen-agers; the deprivation of young children of the time and care of the working mother; the absence of the father of the family.



They have experienced many firsts.

Let's look at the impact on youth alone. Our children and youth have never experienced times that were free of stress, except possibly during 1949 and early 1950. Born in a depression that had knocked the economic pins from under families and businesses, raised in the forties when the world was stewing in a pot of war, now facing an unsure future—these young people have never known normalcy.

But this generation has experienced many firsts.

They are the first to live in a one-world concept, knit together by the airplane, radio, television. They are the first to be concerned with the problem of keeping the world from blowing itself up. No longer are they primarily concerned with what the future world will be like, but rather, if it will be at all. They are the first to see the United States tumble, at the end of World War II, from a position of the utmost power, economically, materially and morally, to one, within the last few months, of uncertainty, of grave international complexity. They are the first to take part in military training in peacetime.

One-third of the population of our country falls into this under-20 group—a group whose adult life has been lengthened at both ends with an earlier puberty and a longer life expectancy.

Is it any wonder that this youthful group is experiencing greater tensions than ever in family life, threatening increased delinquency and crime, asking "What does it matter? The atomic bomb will get us anyhow"? It is easy to understand these "What the hell," "It's my last fling" youth.

Infants and toddlers, too, feel the impact of these explosive times, in a loss of basic security which will plague them all through their

later years. They need the assuring presence of both mother and father within the home if they are ever to achieve emotional maturity.

The community must therefore organize to help the individual and the family in this situation. Some of the important problems to which we must give our best thought and our best efforts are those of recreation, housing and health.

Recreation is of paramount importance to young servicemen and women during their off-post, off-duty hours, and for them the USO is being reactivated under the United Defense Fund. Then, too, recreation facilities should also be provided to meet the needs of those drawn away from home and into a strange community by the demands of industry.

Already Bremerton, Washington, is feeling the impact of an increase of over 2,000 shipyard workers during October, with single girls in the majority. The advent of these additional workers has meant that Bremerton has had to make special recreational plans to fill the needs of these workers. The American Social Hygiene Association has received a request from authorities to help investigate local conditions and take corrective action.

There is a big problem of housing both for those in service and for industrial and other workers newly settled in a community. These latter have recently left old neighborhoods and friends, have yanked their children out of school, and are trying to adjust to the new neighborhood. Physical moving is almost always disruptive emotionally to families, and widespread moving changes the behavior standards of a community.

In facing this problem of housing, we must also face the possibility of what will happen and what doubling up will be required on the periphery of those industrial centers that might be subjected to an attack. In New York City, plans are already being made to lodge by law in other homes essential workers and their families, with schools and theaters serving as temporary shelters if necessary.

Children Will Need Day Care

Another big problem is the provision of day-care centers for the children of working mothers. Even in peacetime, we were way behind other countries. Czechoslovakia has centers with schools; Yugoslavia provides crèches at places of work; Poland has centers near homes; and Mexico runs government centers for all government workers in the same way that they provide social security.

A number of cities in the United States report big increases in applications for day-care services as mothers go back to work, with

all nurseries showing more applicants than they can take. A survey of 101 cities in Massachusetts shows that commercial day-care centers predominate. Since many commercial agencies are open for business purposes without sufficient knowledge or regard for adequate standards in group care of youngsters, local and national



Community acceptance is essential.

welfare agencies might consider the important implications of such a situation. It is not enough for a community to decide day-care centers are needed. It should also work on better attitudes toward parents who place children in day-care centers. Better community acceptance of a working mother's needs is essential.

We must all examine the adequacy of health services and hospital facilities to meet expected demands in industrial communities. Communities, for example, will have to know how to establish priorities in the use of a limited nursing staff. For those communities that need them, we must provide basic local health services. Our goal should be a local health unit for every community in the United States.

Schools and school services, which are often curtailed in plush peacetime periods, take on an added importance in these days of crisis, involving new responsibilities for teachers and provision of temporary shelter space under threat of atomic attack.

It is most important for communities to strengthen or establish more information centers for strangers in a strange town and to provide consultation services for those with special problems. World War II highlighted the direct tie-up between adequate welfare services of all types and the ability of defense industries to keep absenteeism and turnover at a minimum. It is most important that

guidance and counseling services in schools, churches and employment offices be strengthened and extended and that such services take into account emotional factors involved in vocational adjustment and aptitudes for specific jobs.

Finally, we must give our best thought and effort toward enacting and enforcing good laws to protect our young people from exploitation.

Let us summarize these many problems arising for the family.

Inflation brings pressure on all, a shortage of manpower with members of the family taking jobs outside the home. Despite the manpower shortage, there are those who cannot find employment because there is no market demand for their particular skills in the particular region where they live. Mother can get a job; father can't. The children say, "What's the matter with Dad?"



What's the matter with Dad?

When one family out of seven is changing its residence, it is breaking away from the support of relatives, and must turn to the new community for help when necessary. The new community does not react very quickly to helping a new family, and sometimes is not aware of its existence until juveniles are involved in delinquency.

We must be watchful of that age-group from 15 to 18 whose 24 months in military service is a certainty. They feel they now have little opportunity of doing anything helpful and significant. A headline in the January 15 New York Times states, "War Jitters Grow on Campuses as Morale Drops and Many Quit." The item goes on to say that with many students adopting a "What's the use?" attitude, restlessness, impatience, confusion, frustration and despair are not uncommon.

Communities will need to find new and quick ways to relate newcomers (victory gardens of World War II were effective); they will have to meet increased tensions in family life; they will need to qualify the physically handicapped for employment.

There is the problem, too, of shortage of professional workers and the drafting of key persons from accustomed jobs. With the increased need for volunteers, the young adult will have an opportunity to participate in community life. One of the recommendations of the White House Conference was that the participation of children and youth in times of community stress should be in agreement with their stage of development and should be designed to minimize their anxieties.

With unemployment at a minimum, the young will enjoy more job opportunities and, because it is their money that they are earning, more freedom to spend it as they please. The Philadelphia Health and Welfare Council reports that in the Philadelphia public schools 1,700 high school pupils failed to return to classes last fall in comparison with only 600 a year ago.

Some Will Need Help

Some communities will need concentrated help in all these areas, especially from a national organization, in order to plan local programs, rally local resources and establish and operate services.

An example of such a community is a small town in New Mexico where the combination of a new defense industry and a military establishment has brought many problems. With an influx of 900 civilian employees and their families plus 3,000 military personnel, this town of less than 7,000 (more than half of Mexican or Spanish-American descent) is incapable of absorbing these newcomers, let alone of providing even minimum facilities for health and welfare.

Recent reports show a serious housing shortage; a completely inadequate recreation program; threat of a bad venereal disease problem; lack of community health services (even of water and sanitation); almost complete lack of organized welfare services; insufficient municipal planning and financing. This town, needless to say, needs national help in planning and establishing a community welfare program.

If housing, day-care centers and recreation are not the primary concern of social hygiene, certain important problems in the fields of health, education, law enforcement and social protection are very definitely its responsibility. Its obligation to meet emergent needs in these areas is particularly strongly felt in a time of national mobilization like the present, for the following reasons:

Complacency toward
VD is a menace.



Health

The control of the venereal diseases has always been one of the important objectives of social hygiene. The problem they pose is still a serious one and will become increasingly so as movement of the population and the separation of young people from their homes and home influences, are intensified by military and industrial mobilization.

It is important to remember that these diseases are still a major public health problem and that penicillin—safe, quick cure that it is—does not prevent them, does not confer immunity to repeat infections and does not reach many infected persons at all. Already many state and local VD appropriations have been reduced on the assumption that these diseases are no longer a problem; personnel has been diverted from VD control work before the facts of the case warrant it.

Complacency with regard to the VD problem is a positive menace to the public health at a time when we need all our national strength to meet the crisis we face.

Education

Sound preparation of children and young people for family life becomes increasingly important at a time when family ties are loosened by the needs of national defense. Parents will have to have help in meeting this situation. Schools, churches, group work agencies, case work agencies all can supplement the role of parents in this field, but their leaders will need increasing aid of all kinds to help them to meet this obligation.

To quote from President Truman's speech at the White House Conference: "We cannot insulate our children from the uncer-



What we can and must do is equip them to do their part.

tainties of the world in which we live or from the impact of the problems which confront us all. What we can and must do is to equip them to meet these problems, to do their part in the total effort—and to build up those inner resources of character which are the main strength of the American people.”

Law Enforcement and Social Protection

Prostitution is and always has been an underworld racket and its promoters have just one aim—to make money. Prostitution is an exploitation of young men and young women for gain. It continues to be a major source of VD infections. It is illegal in every state of the Union. If it is tolerated, it serves to demoralize a police force by introducing bribery and corruption.

Existing laws against it can be enforced if the citizens of the community want them enforced. That fact has been demonstrated over and over again. This is a clear case of civic conscience and civic responsibility.

Paralleling law enforcement activities as such must be protective measures aimed at guarding young people from exploitation: aid to travellers, patrolling of places of commercial amusement, taverns, bars and the like by policewomen or specially-trained policemen.

Rehabilitative measures to assist offenders and delinquents are another necessity. There is need for study of detention facilities, court procedures, use of policewomen, social and psychiatric services offered by courts. Sound work in these related fields will pay dividends during the emergency—and beyond.

Let us remember that in times of crisis many of the inadequacies of our society as they relate to young persons become especially apparent, and it is only through help and mature leadership in home, school and community that the young person can discover the strength he has within himself and can learn to use his potentialities creatively.

Whose responsibility is it to help young people meet the challenge of a changing, threatening world?

To help parents meet the peculiar demands of our times?

To stimulate character guidance opportunities for servicemen—for all young people?

To keep communities clean?

To preserve the health of the American people?

To war against the still unbeaten enemy—VD?

Just a few professional staff people? No, definitely not!

It's the responsibility of the parent
the armed forces
the minister
the teacher
the pharmacist
the PTA president and other membership
groups
the newspaper editor
the radio and TV station
the health officer
the police chief
the lawyer
the nurse
the businessman
the librarian
the doctor
the social worker
the labor leader
the industrialist

Each has a job he can do.

National agencies must gear themselves to provide specialized consultation and information on all these affected programs. They must be prepared to go into some communities and work on a concentrated basis over a period of time.

Local health units and welfare agencies have an important part to play in keeping defense industry productivity at a high level and

in maintaining the morale of the serviceman and his family back at home.

Our public and private institutions, our citizens have a big responsibility today toward building up a strong nation, both physically and spiritually, for as President Truman has said, "Every time our American institutions fail to live up to their high purposes, every time they fail in the proper administration, the forces of communism are aided in their attempt to poison the minds of men everywhere against our institutions."

As the Military Sees It

by Lieutenant General M. H. Silverthorn

Those of us who have given our years to the military or naval service have long been aware that the Armed Forces bear a close relationship to the cultural and educational development of our nation. Nothing has been, or ever can be, more important to the welfare of our people than the American educational system.

Before educational facilities in America were so widespread, the home and the church were the principal institutions for building the foundations of character, citizenship and man's concern for his fellow man. As more and more young men and young women were offered educational opportunities, the school became the third great influence. And today, there are those who contend that the school may have become the greatest of the three.

With the present mobilization, there are thousands of teen-agers entering the service, many of them as volunteers. This fact intensifies the interest of the Armed Forces, and we are prepared to assume our increased responsibilities in the formation of good citizenship, characteristic of our people. It is an opportunity that we welcome, but it is a task we cannot accomplish alone.

I wish to make it unmistakably clear that the Armed Forces are not presuming to take over any of the educational duties that properly belong to the homes or the churches or the educational institutions. Our primary mission has been and will continue to be the training of our men as soldiers, sailors, airmen and marines, in the interests of national defense.

High on the list
is the building
of character.



When this objective is met, the Armed Services must then address themselves to their secondary responsibilities. We approach this broad field motivated by the thought that national defense itself is only for the purpose of saving our nation, and that our nation must be kept worth saving by preserving its fundamental concepts.

High on the list of these American fundamentals is the building of character and godliness among our youth, and we consider education to be an indispensable tool in the molding of staunch character and moral fortitude.

But the education of our young people has a more direct military significance, as does the entire development of the character of the age groups from which the Armed Services derive their personnel. World War II again impressed on us the lesson derived from previous wars, namely, that the great superiority of the American serviceman over those of other nations lies not only in his patriotism and his courage, but also in his judgment, ingenuity and resourcefulness.

All of these qualities are products of America's democratic freedom of thought. All of them are enhanced by America's system of education and training. It is my firm conviction that few men can be really efficient soldiers, sailors, airmen or marines, unless they know why it is necessary for them to be in uniform.

Our schools are doing an increasingly good job in this field. But notwithstanding this progress, the Armed Forces are still finding it necessary to supplement civil education by service-fostered courses.

As I mentioned earlier, our first responsibility, of course, is to train our men as fighting men, quickly and efficiently. That train-

ing occupies their time, however, only during their working hours, and those hours are not the ones which are of greatest concern to their parents. The American parent knows that the Armed Services will improve the health and physique of their young men. They know that their boys will be trained efficiently and effectively, as has always been the case. It is no accident that the American serviceman, by and large, is the best in the world.

The hours which are of greatest concern to the parents are the leisure hours, and these are of concern to the Department of Defense as well. To keep our young men busy and out of mischief, we have a program to keep them profitably occupied every hour they are awake.

Opportunities for Education

An important part of this program is the opportunity which we offer our young men and women to continue their educations. The core of this educational program is the United States Armed Forces Institute, established at Madison, Wisconsin, and financed by all the services. In this regard, our Marines are particularly well off, for in addition to USAFI, the Marine can avail himself of the services of the Marine Corps Institute, the oldest military correspondence school of its nature in the country. Today there are over 250,000 men and women enrolled in courses offered by these two institutes, more than in any single educational institution in the world.

There is an education center, or at least an educational officer, at every post, station, airfield and fighting ship, where every serviceman and woman from recruit to general or admiral may enroll in any one of the more than 300 correspondence and self-teaching courses ranging from art to zoology.

Our young men and women are afforded the opportunity of attending organized group study classes. These are taught by both civilian and military personnel. At the present time, there are over 2,500 civilian teachers under contract with the components of the Department of Defense, most of them on a part-time basis.

In this educational program, we in the Armed Forces hope and believe that we may be helping the general cause of education in return for the guidance and active assistance which civilian educators are rendering to us. I hasten to point out at this time that we consider the American Social Hygiene Association one of the foremost and distinguished groups of civilian educators in this country today. Our emphasis on education is primarily on the

practical side, on that scholastic training, be it technical or professional, which will pay dividends in occupational efficiency.

Another important phase of our guidance program is the athletic part. Every American is supposed to have been brought up on baseball, basketball and football, but we have found that we cannot toss a ball to a group of recruits and let them amuse and improve themselves. I noted in a recent survey that out of a sampling of 1,300 typical recruits, it was found that 10% had never played any team game of any kind, and that 40% did not know the basic rules of any team sport. Today we teach them the rules, then teach how to play these games well, with emphasis on good sportsmanship. Then we discreetly supervise their play to be sure that everyone gets a chance to participate in a game he can play well, and not just stand around and watch it played.

Of course, we are continuing with our usual recreational programs, which have not been greatly changed from the wartime facilities with which all of you are certainly familiar.

Hand in hand with our educational and athletic programs is our character guidance effort. This idea originated in the Defense Department's campaign against promiscuity and venereal diseases, an effort based in large part on moral and spiritual values. This approach was so successful in that field that the program was extended beyond the venereal problem, and was broadened with a view of making the Armed Forces generally more efficient by developing a higher moral standard for their personnel.

VD Control Is a Command Responsibility

You might be interested to know that the Department of Defense considers venereal disease control a command responsibility. It is a function of command to impress moral responsibility and encourage self-discipline in our military and naval personnel. Through education, and the American Social Hygiene Association is assisting us greatly in this regard, we attempt to impress our men and women with their moral responsibility and attempt to make it clear that continence is not incompatible with health and the fullest degree of physical and mental vigor. Thus far, we feel that our program has been successful, but we still are troubled with a group we call "repeaters."

We have in view the welfare of our young men and women as well as the welfare of the various components of the Armed Services. Our personnel strength figures are increasing every day with the influx of young men and women by the draft and voluntary enlist-



Their country is
under obligation
to serve them.

ments. These are typical young Americans from homes all over the land. These are youngsters who have only lately left their school rooms and the influence of their parents and teachers.

Just as these young people are under obligation to serve their country, their country is under obligation to serve them. Their country is under obligation to continue, as far as practicable, the wholesome influences of the home and the community. We are seeking to do this in many ways, by cooperating with local health and law enforcement officers, by maintaining close liaison with the American Social Hygiene Association, by scheduling recreation and entertainment, by instructing in moral and spiritual values, by encouraging church attendance, and in other ways.

It is the Defense Department's aim to take every possible step to insure that no man or woman is spiritually, physically or morally worsened as a result of time spent in the service, that on the contrary he or she is improving in every way. Our experience to date gives us every confidence of overall success in this endeavor.

While we are thus helping our young servicemen and women, we believe that we are helping our Department of Defense. Our premise is that the higher the moral and ethical standards of our men and women, the greater will be their sense of obligation and their desire to perform their duties.

I could not conscientiously close my remarks without expressing the appreciation of all branches of the service for the splendid assistance given these programs by the educators, the clergy, the professions and the social workers of our country. The plan could not have succeeded without their advice and counsel, and without the active work of many of you.

World War II was a challenge to every human value built up from the days of Moses to the Sermon on the Mount, and on into the era of the Magna Carta, the Constitution and the Bill of Rights. All these values came under the threat of despots who sought to destroy them. Those ruthless men were successful in such destruction in many countries of Europe. They might have been successful here in America, if we had not struck them down by force of arms.

Let us not fool ourselves today. Let us not be blind to the fact that right now there are those who would destroy the democratic way of life in favor of a pagan ideology and totalitarian authority. Let us not relent in our preparation and our efforts to meet these threats, by faith and firmness, yes, but also by firmness and firepower.

But, as we prepare with arms, let us also constantly keep in mind that the thing that stands between despots and success is the spiritual, military and moral might of enlightened and educated people of free nations.

The Armed Forces are ever mindful of that fact. I can assure you that the average American youth stands a much better chance of coming home a better citizen, after a tour of duty in the service, than after a comparable length of time anywhere else.

THE WAY IT LOOKS TO THEM

"It depends on the training they had at home."

Repeatedly this was the answer six servicemen and women gave to questions raised during a discussion of the effects of mobilization on the lives of young people at a regional Social Hygiene Day conference January 31 in Philadelphia.

"Do you think 18-year-olds need special preparation for military service?" Back came the reply, "It depends on their home training."

"What's the reaction among service personnel to the tensions of the times? For instance, are they getting into more trouble than usual?" Again the response, "If they wouldn't get into trouble at home, they won't get into trouble in the service. Being a serviceman isn't what makes the difference. Home training is."



It depends on the training they had at home.

Evansville, Indiana, received high praise from a soldier as a town with good wartime recreation facilities for servicemen. He liked the way the organizations of the town cooperated during the war in running one big recreation center for servicemen, and he emphasized that they took care to make it nondenominational and nonfactional.

The panel deplored the fact that after the war civilians denied service personnel privileges—such as special amusement and transportation rates—enjoyed during the war.

The servicewomen agreed that if they weren't going into the city for a special purpose, a military post—with its varied facilities—held more attractions for them than did the civilian community. They also said they felt servicemen respected women in uniform more than did civilians.

A marine felt that fathers recalled to active duty had a particularly rough time adjusting to military life and work because "they can't keep their mind on their work. Mentally, they're back home with the family."

The WAVE spoke movingly of pride in her uniform and of a sense of duty toward her country. While no one voiced the audience's reaction to the discussion, it is safe to say that many hoped the country would feel an equally strong sense of duty toward its young people in uniform.



THE CASE FOR CHARACTER GUIDANCE

Everything in Bob's training says no to the pert little redhead in the bar who suggests a quiet drink in her apartment. But he's lonely. They don't seem to like soldiers in this town. The redhead and a few beers make his choice pretty tough.

Julie, pretty junior hostess at the servicemen's club, is making a decision today, too. So far, she's obeyed the no-dating rule. But the smooth jet pilot with the new convertible says the rules are okay for the *others* . . . she's too cute to bother with stuffy regulations.

A furnished room in a big city is the setting for Sally's choice. A date with her glamorous married boss? Or movies and a coke with the landlady's son? Where's the adventure in being 18, grown up and away from home in a defense job, if dates here are going to be just like the ones back home with the boy next door?

In a one-room school, Jimmie (age 9) is making a decision, too. To peek or not to peek over the shoulder of the girl who always knows where the decimal points belong?

None of these decisions seems world-shaking. Yet each will be tremendously important in the lives of these young people.

These boys and girls of ours are working with the raw material of character—CHOICES. And the choices they make depend on the guidance they receive from us—all of us.

We all know that character isn't influenced by parents alone, nor just by teachers, ministers, the Armed Forces or youth-serving agencies, but by a combination of these and many other influences, too. And we also know the combination can be haphazard, the results unpredictable. Or the combination can become the serious business of home and community, of Armed Forces and community, with generally predictable results.

Surely the most carefully thought-out effort at character guidance ever undertaken on a large scale in the United States is that of our



Character guidance
is more than a
"man-to-man" talk.

Armed Forces. To quote General Bradley, "Character guidance is a term developed to define all actions which tend to encourage the growth of moral responsibility, spiritual values and strong self-discipline in the individual."

Let's think about these words. Moral responsibility. Spiritual values. Self-discipline.

The Armed Forces aim for personal responsibility, not mere compliance to command. They know a first-rate serviceman must be a first-rate man.

They make character guidance the job of all officers, noncoms to generals. Each man—medical officer, chaplain, line officer, provost marshal—has a specific job in character guidance. Each also has general responsibilities, such as setting a good example.

There's nothing new or different in the Armed Forces' approach to character guidance. Nothing psychological, moral or social that we can't apply to our responsibility for all young people. We lack only the planning, only the concerted effort. These we can supply.

First, the adults of a community can join forces to plan how to provide experiences and incentives which develop and strengthen character. You can't depend on a few people to devote themselves to character guidance. Nor blithely hope that parents will "muddle through."

What You Can Do . . .

1. Develop a Character Guidance Council to find out what help parents need. To study the cold facts about environment. To determine whether there are enough youth-serving agencies; whether they're adequately staffed and financed; whether *every* young person is getting his share of opportunities for character growth.

2. Provide young people with varied opportunities to earn the approval of adults they respect and of those their own age. For example, in wholesome competitions in art, sports, scholarship—under the leadership of warm, friendly men and women—young people can find the esteem they seek. Little by little, they'll form the habit of making choices acceptable to themselves and to those they look up to.

Good Company

3. Give young people, especially military personnel away from home, plenty of chances to *be* fine by associating with the fine, high-type men and women in your community. Provide home and church hospitality, plan week-end house parties, fishing and hunting trips. Invite them to take part in civic affairs. Give them an opportunity to know people they can admire and emulate.

4. Hold town meetings, debates, open forums, round-tables in clubs, churches, homes to give young people a chance to express their ideas and hear the other person's point of view. And then to accept what they decide is good, reject what they feel is bad.

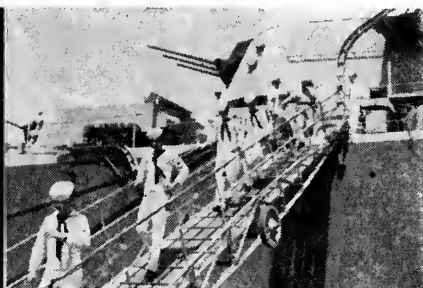
It is our job to stimulate young people to consider and judge the issues in current events, political moves, conflicting ideologies. In their talk about books, news, editorial policies of newspapers, magazines and radio, they will develop a critical sense and sound criteria of right and wrong. It is up to us to help them learn to appraise everything—from their conduct on a date to the latest movie—against a high standard of moral and ethical values.

Good Times

5. Encourage young people to develop their hobbies, creative interests, craft and mechanical skills. Provide materials and a stimulating setting. Learning, doing, achieving will prevent the boredom or loneliness which might move them toward wrong or ill-advised choices.

Everything in Bob's
training says no.

Your sons? Visi-
tors to your town?



The serviceman needs to find such good times both on the post and *in your community*. Here's where your planning and concerted community efforts come in. For some young people seek out opportunities, but others need your encouragement to *use* character-developing experiences.

Good Surroundings

6. Be sure your community is a decent, clean environment for young men and women. If your law enforcement officers tolerate prostitution, disorderly bars and taverns or solicitation on the streets, your young people will grow cynical about law and order, may choose to spend their leisure with pick-ups or in brothels.

The Armed Forces place a high priority on environment, on post and off. General Bradley and our other military leaders know that character is not static. It *can* deteriorate. Bob may have come from a fine home and fine home town. But if he visits *your* community—as a serviceman or defense worker or just for the ride—and gets a chilly reception, it'll be mighty hard for him to resist the redhead.

RATE YOURSELF

and your community on the Character Guidance Score Sheet. See what your town is doing to guide and direct young people in their search for maturity and character—and for a good time.

We're all agreed that young people want to grow into strong, self-reliant men and women. If they choose the *wrong* courses of action, the wrong companions, the wrong ways of expressing themselves, we know we've failed to offer and encourage anything better.

If they choose the *right* courses of action, the right companions, the right ways of expressing themselves, we'll know the future of America is safe in their hands.



How can you help them in their search for maturity and character?

CHARACTER GUIDANCE SCORE SHEET



Does your community have a Character Guidance Council? A Youth Council? A similar group to plan and coordinate activities for young people? ☐ Yes ☐ No

Are young people on the council? ☐ Yes ☐ No



Do you offer classes on marriage and parenthood for young people? For married couples? For parents of adolescents as well as for parents of the very young? ☐ Yes ☐ No

Have you studied the attendance at such classes? Do you know why more people don't come or why so many do? ☐ Yes ☐ No

Do you have enough youth-serving agencies—Y's, Scouts, Camp Fire Girls, etc.? ☐ Yes ☐ No

Do they attract all young people or just a select few? ☐ Yes ☐ No

Are they well-staffed? ☐ Yes ☐ No



Is there a committee to arrange temporary and semi-permanent housing for service personnel, defense workers and their families? To provide approved lodging for servicemen on leave? ☐ Yes ☐ No



Does your public recreation department plan activities for servicemen and women? ☐ Yes ☐ No

Do you have a servicemen's club, well staffed with professional and volunteer workers? ☐ Yes ☐ No

Are the junior hostesses trained for their volunteer work? ☐ Yes ☐ No

Does your servicemen's club offer varied activities: field trips to nearby points of interest, hobby programs, home hospitality, dances, Sunday brunch, concerts, sports at your country clubs, movies, television, book discussions? ☐ Yes ☐ No

Do you know whether servicemen visit your community and your servicemen's club in civvies? ☐ Yes ☐ No

Do you think the uniformed man feels he isn't *wanted* in your town, that he'll be less noticed in civvies? ☐ Yes ☐ No

Have you ever entertained a serviceman in your home? ☐ Yes ☐ No



Do your churches stimulate home hospitality for servicemen? ☐ Yes ☐ No

Do your churches have social activities for all young people? ☐ Yes ☐ No

Do your churches invite servicemen to young people's clubs and discussion groups? ☐ Yes ☐ No

Does your public library sponsor reading clubs, booklists, arts and crafts contests and exhibits? ☐ Yes ☐ No



Does your school's adult education program offer servicemen special short courses in cultural subjects, current events, etc.? ☐ Yes ☐ No

Are your men's and women's civic clubs hospitable to servicemen and servicewomen? ☐ Yes ☐ No

Do they invite young people to their luncheons, encourage their interest in civic matters? ☐ Yes ☐ No



Is there an accessible center for information and other aid to transient service personnel and their families? ☐ Yes ☐ No

Does your Community Chest provide opportunities for young people to learn about social agencies and services, to learn *why* to give? ☐ Yes ☐ No



Does your city administration offer young people opportunities to learn about democracy in action by encouraging visits to city departments and council meetings, by sponsoring youth government days? ☐ Yes ☐ No

Does your city administration sponsor essay, art, athletic and other contests for young people? ☐ Yes ☐ No

Does your city administration enforce its laws against prostitution, against selling liquor to minors and intoxicated persons, against moral disorders in bars, taverns, roadhouses? ☐ Yes ☐ No

If the answer is no, are *you* working with other citizens to see that ☐ Yes
your city *does* enforce the law? ☐ No



Is your health department protecting young people from VD by an ☐ Yes
active campaign of public health information and case-finding? ☐ No



Do your courts have probation officers and social workers and pro- ☐ Yes
vide psychiatric services for young offenders? ☐ No

Are young offenders segregated from criminals in your city jail? ☐ Yes
☐ No

Does your community have a Family Service Association to help ☐ Yes
those needing advice and guidance? ☐ No

Does your community have a Child Guidance Clinic to help young ☐ Yes
people with their problems? ☐ No

Is your Council of Social Agencies, Character Guidance Council or ☐ Yes
other group making a systematic effort to encourage parents to
allow their children to entertain their friends at home? ☐ No

Does your community have a Social Hygiene Committee actively ☐ Yes
promoting sex-character education in the home, church and school? ☐ No

Are you a member? ☐ Yes
☐ No

NATIONAL AND INTERNATIONAL PROBLEMS IN THE CONTROL OF VENEREAL DISEASE

by Norman R. Ingraham, Jr., M.D.

Only a few years ago, the control of venereal disease was a very discouraging task. In spite of major health department effort and expenditure, the principal fruits of the intensified program in the United States were the discovery and treatment of larger and larger numbers of patients with gonorrhea and syphilis. Minor curtailment or readjustment of program, particularly in the preventative phases such as in the control of delinquency or the enforcement of criminal laws pertaining to vice, were sufficient frequently to wipe out, in a few months, progress made through years of effort. The few individuals who had the courage to state, 15 years ago, that the venereal diseases were controllable in any true sense, were considered visionary.

In the last five years, this picture has changed so rapidly and completely, largely through the advent of quick and effective methods of medical treatment, that the trend of venereal disease incidence is sharply downward in all those parts of the world where medical and health resources are sufficient to maintain an effective and continuing program, and where disruption of home and family life has not been too great to prevent the application of modern methods. In some areas, and this is true in many sections of the United States, this progress has been so rapid as to leave little time for readjustment.

Confused thinking has resulted. Some have felt that further special effort and expenditure in venereal disease control is hardly warranted because they envision the natural disappearance of these diseases in a relatively short period through the application of the truly remarkable antibiotic therapy. This excessive optimism has been reflected at the national level and has resulted in substantial decreases in federal allocations for venereal disease control within the last year.

A critical examination of the true situation is accordingly essential, with a very broad world-wide perspective, in the light of current international developments.

Contribution of the World Health Organization of the United Nations

The greatest contribution of the Venereal Disease Section of the World Health Organization, to which I was assigned as special consultant on travel status during the fall of last year, is in the dis-



"Faraway places
with strange-
sounding names . . ."

semination of information concerning the latest developments in this field to those parts of the world where help is most needed. Except for the Fellows who come to this country for training under World Health Organization auspices, we do not see in the United States much evidence of the activities of this remarkable group, because the major part of its program is being carried out in remote parts of the world, much more in need of assistance and guidance than most sections of this country.

In the venereal disease control field, the World Health Organization is concerned not only with syphilis and gonorrhea, which are the main problems in this section of the world, but also with equally devastating tropical and semi-tropical infections, even the names of which are strange to the average citizen in this country. I refer, for example, to yaws, to bejel (which is the name for the syphilis-like infection prevalent among the Arabs and elsewhere in the Near East), to pinta, and to two diseases which we see only occasionally here but which are very frequent and crippling in many parts of the Far East, lymphogranuloma venereum and granuloma inguinale.

An example of some of the work done by the World Health Organization which some of you may have seen recounted briefly in the press or in popular articles is the effort to rid Haiti of the treponematoses. In this island, representative surveys have shown that about 40% of the population are suffering from syphilis, but about 80% are afflicted with its tropical counterpart, yaws.

... with which we
have commerce and
military contact.



Similar high-prevalence figures, while not necessarily characteristic of the entire population by any means, are not at all uncommon in large and typical areas of the Far East with which we are having active commerce and military contact.

One of the problems of the work of the World Health Organization, as of many activities of the United Nations, is that its resources are not great in comparison to the tremendous size of the world health problem it faces.

Into these areas of highest venereal disease prevalence it is sending demonstration teams, if the local government can bear a portion of the expense and provided there is a reasonable possibility that the work will be continued by the local health authorities once the demonstration unit has been withdrawn.

The expense of providing medical service and drugs for treatment is so great in many of these high-prevalence areas, that there are insufficient treatment resources to care even for the patients who are currently being brought to light. In India, for example, where surveys of some areas, again not necessarily typical of the entire country but still very real in those parts studied, have shown 50% to 70% of the population to be infected with syphilis. I refer in particular to studies carried out by Dr. Cutler of the World Health Organization in Simla and in Jind, north of Delhi. Only 15% of the people in this country have been studied, and it will be many years before medical resources and treatment facilities are adequate to meet even the current case load.

I could go on at length to cite example after example to strengthen this thesis and to point up the importance of the work of the World Health Organization in this field, but it is sufficient to emphasize that venereal disease control constitutes a world-wide problem in which, in spite of tremendous advances in medical treatment, reasonable progress has been made in only a few places where there have been sustained programs of high calibre and adequate resources, and where there has been a reasonably stable economy and home and family life over a period of years.

The Effect of War and of Disruption of Home and Family Life on Venereal Disease Incidence

Further comment on some of the effects of unsettled world conditions on the venereal diseases is possible from my personal contact with medical experts and health officers during the period of my travel and conferences in Europe.

In general, there is a good knowledge of modern treatment and good health practice in venereal disease control throughout Europe. The professional groups are doing their utmost to carry out a satisfactory program, sometimes without adequate support or resources. Not to go into minute detail, it is evident that the venereal diseases are less well controlled in countries like Finland, Poland, Germany, Yugoslavia and Italy, which have been occupied and subject to much internal strife, than they are in countries like Switzerland, Norway, Sweden and Denmark, which in spite of their social and economic difficulties have seemed through it all to maintain a more stable home and family life. In Europe, the World Health Organization has exerted its greatest effort and influence in this field in Poland, Czechoslovakia, Bulgaria, Yugoslavia, Hungary, Italy and Finland.

A number of examples of the effect of mobilization and of war on the venereal diseases in Europe came to my attention. Perhaps to cite two or three will suffice.

Prior to World War II, Sweden was noted for the excellence of its public health control of the venereal diseases. By 1941, it had reduced the incidence of syphilis to 273 cases in the entire country of about six and one-half million people. This is only one fresh case of syphilis per 20,000 population each year. Even though Sweden was not invaded, the effect of the unsettled world conditions in and around the country resulted in an increase of more than five times in the annual incidence of syphilis by the end of World War II and of more than double the number of cases of gonorrhea each year. Moreover, in 1949, the latest year of

record at the time of my visit, the incidence of these diseases was still at two and one-half times the prewar rate.

This serves to emphasize, as experts in this field have seen again and again in the past, that even when excellent control is attained in any locality or any country, it results only from persistent and *sustained* effort. Once the efforts are disrupted, the increase in venereal disease is slow, insidious and inevitable at the average rate of three to four fresh cases for each undetected case each year. Even when the best control measures are reinstituted, it is a matter of years before previous standards are re-established.

Another example of the effect of social unrest on venereal disease came to my attention in Denmark. In 1919, in this relatively small but densely populated country of about three and one-half million inhabitants, there were 4,307 notifications of acquired syphilis. By 1938, this figure was reduced to 470, or one-tenth the level of twenty years previously. After the return of the Danish soldiers following World War II, the incidence of syphilis was nine times the 1938 level and gonorrhea, three times.

Norway gives a relatively recent example of the effect of disrupted family life on venereal diseases. In the two years ending August 1949, the syphilis rate among Norwegian troops stationed at home was two new cases per 1,000 troops each year, which will be recognized as a very good record. In the same period, among Norwegian troops stationed in Germany the rate was seven times greater, 14 per 1,000 per year.

These examples are typical of my European observations. But I assure you, as a result of experiences at home, that it is not necessary to go so far afield to find similar examples.

Nowhere in the world is more thought and effort being given to venereal disease control than in the United States, by the civilian health departments at federal, state and local levels, and also by the military groups. Yet two circumstances in these control efforts are almost axiomatic: the first is that gains which have been made in recent years can be maintained only through persistent and sustained effort; the second is that venereal disease rates among troops at home or abroad are largely the reflection of the rates in the civilian population with whom they are in contact.

The Recent Decrease in Federal Appropriations for VD Control

At the present time, the incidences of syphilis and gonorrhea in the United States are the lowest they have been in health department history and, as already indicated, the trend is still sharply downward. In fact, this situation is one in which over-confidence

is easily possible and actually detectable and one in which a few words concerning the true situation are necessary if we are to reach and maintain our final goal of a basic minimal controllable number of patients.

Within the last few months, the federal appropriating bodies, because of the sharp downward trend in the venereal diseases on a national basis and the need for money elsewhere, have made sharp reductions in the federal-state grant-in-aid funds available for venereal disease. Coming without warning, at a time when the fiscal year was one-third over, the cut in funds of approximately one-third resulted, from a practical standpoint, in cutting the program by one-half.

These funds had carried a major part of the cost of venereal disease control in many areas. Their loss in some instances has disorganized the venereal disease control program, and in a few places has resulted to all intents and purposes in its cessation. Fortunately, in Philadelphia the director of public health, the appropriating bodies and the citizens recognized the undesirability of decreased activity at this time and have replaced the lost federal funds with local allocations. This has not been possible in many sections of the country.

We Know What to Do

It is important, where the venereal disease problem is still appreciable or where the potential danger is great because of peacetime mobilization, that this short-sighted viewpoint be reversed. It has been amply demonstrated from past experience and from the few examples cited from my contact with the World Health Organization that venereal disease control in any one locality is dependent in considerable measure on the situation in nearby areas. Each control unit must be concerned not only with its own immediate situation, but with the control efforts being exercised elsewhere and throughout the world.

Health officers today know more clearly than ever before what they want to do in venereal disease control and what they can do. They believe that in the next few years, barring any major disaster, it will be possible in the United States to reduce the overall incidence of fresh infections with syphilis to one case per 5,000 population per year. They believe that they can, for all practical purposes, do away entirely with the transmission of syphilis to the newborn child.

This basic maintenance control level of one case per 5,000 population a year has already been attained in at least nine states: Idaho, Massachusetts, New Hampshire, Minnesota, North Dakota, Oregon, Rhode Island, Utah and Wisconsin. It has been reached in another limited area in the world, namely, in the Scandinavian countries. It is a goal to be aspired to and attainable in every health jurisdiction with a sustained resourceful program.

At basic maintenance control level, when reached on a national basis, there would be about 30,000 fresh cases of syphilis per year and a comparable number of patients, perhaps a few more, with gonorrhea. Even this is not a small figure and could rapidly increase any time the control efforts were relaxed.

In the fiscal year 1950, on a national basis, reports of fresh syphilis stood at three times the controllable minimum goal (at 97,817 cases). The total syphilis remained at more than 230,000 per year (actually, 231,567) and gonorrhea at more than 300,000 (actually, 304,066).

The sights are well set, the problem is clearly defined, the knowledge and resources are at hand, the goal is attainable. Is this any time to diminish our efforts?

The answer is obviously no. It is evident that no well informed individual would be content to slacken this performance before maintenance control level is reached.

One fact, however, pervades all this discussion, namely, that the venereal disease problem is made up of a myriad of first individual, then local, and finally national problems, each with characteristics peculiar to the area in question. The national and international organizations have performed an heroic task in developing standards and control methods, in particular in working out effective medical treatment. The World Health Organization, the U. S. Public Health Service, the American Social Hygiene Association and the International Union Against the Venereal Diseases all have made major scientific and material contributions to the demonstration program and have shown what may be done.

Reduction of the venereal diseases to a controllable minimum, however, and maintenance of these diseases at that level through a sustained basic control program are clearly the responsibility of the locality concerned, and they can be effected only by the continued interest and financial support of the *local* citizens.

WILLIAM FREEMAN SNOW AWARD FOR DISTINGUISHED SERVICE TO HUMANITY



1951

Presented

to



BRUCE and BEATRICE BLACKMAR GOULD
Editors of the Ladies' Home Journal

TO BRUCE and BEATRICE BLACKMAR GOULD

Under whose leadership the Ladies' Home Journal, which speaks through its pages to more women than any other magazine in the world, has maintained and expanded its courageous fight for the health and well-being of the American family, in keeping with its great tradition of service . . .

Who have always recognized that without an enlightened public opinion there can be no progress, and who know that women, who help mold that opinion, are not afraid to hear the truth about matters that concern them closely nor to take action on the basis of facts presented by a magazine they trust . . .

Who have therefore since the beginning of their editorial careers consistently given women the facts about the dangerous communicable disease syphilis, and have urged their readers to support sound control measures, with results that have contributed signally to gains against the spirochete . . .

Who, knowing that parents need help in interpreting the facts of conception, birth and growth to their children, have broken another taboo as rigid as that against the appearance in print of the very names of the venereal diseases, by repeatedly publishing articles on sex education . . .

Who have further published authoritative articles on marriage and family living, the problems of adolescence, the relationship of promiscuity to the spread of the venereal diseases, contributing substantially thereby to the growth of public understanding of social hygiene principles and objectives . . .

And who, as husband and wife, as parents, as collaborators in writing for publication and the stage, and finally as joint editors of a respected and influential publication that is a national institution, are in themselves an outstanding example of successful partnership in marriage in the best American tradition . . .

The American Social Hygiene Association, which exists to serve the family, is happy to award the William Freeman Snow Medal for Distinguished Service to Humanity, with the good wishes of its officers, its directors, and all its members everywhere.



Mrs. Gould's Acceptance

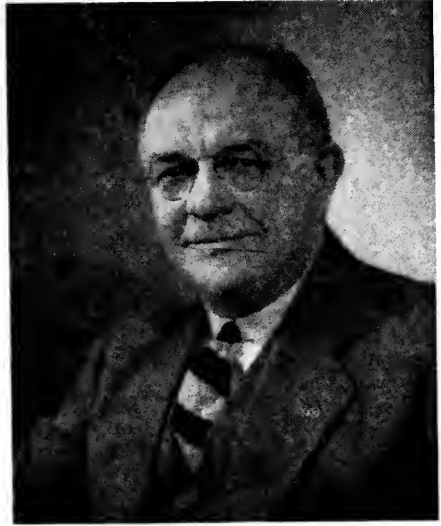
It is a great pleasure to accept this award, and I am deeply sorry that my husband could not be here today to share this pleasure with me.

To us both it is an honor to be associated with the memory of a man whose rich and useful life sets such an inspiring example of service. Dr. William Freeman Snow fought an unwavering campaign against disease and vice—in a field of controversy and prejudice. His achievements stand as a firm foundation for greater progress in human welfare.

Upon health, morals and knowledge depend the dignity of the individual, the integrity of the family, the strength of our nation. Albert Schweitzer, in his *Philosophy of Civilization*, says, "The final decision as to what the future of a society shall be depends not on how near its organization is to perfection, but on the degree of worthiness in its individual members."

The ultimate responsibility of the *Ladies' Home Journal* is, of course, to our society. We have striven through *Journal* pages to come to grips with ancient fallacies, to throw the clear light of truth upon disease and troubles damaging to family and community life. We have tried to express and to help crystallize the ideals of our society.

And it gives us deep and lasting satisfaction to accept this award in behalf of our able and devoted staff, and our readers, who we feel can be trusted to act wisely if they are in possession of the facts. In this group you have skills and knowledge. We are happy if we can assist in passing that knowledge on to the women of America.



Charles Kurtzhalz

HONORARY LIFE MEMBERSHIP • 1951

Among executive secretaries of tuberculosis associations, there are many who have devoted their entire lives to welfare work, including many years in the field of public health. Such is the record of Charles Kurtzhalz, executive director of the Philadelphia Tuberculosis and Health Association.

Mr. Kurtzhalz made an early start. At the age of 22, he became assistant secretary of the Railway Young Men's Christian Association in Columbus, Ohio, his native city. Deeply interested in foreign missions, he left the YMCA to serve as a lay worker with the Sudan United Mission in Northern Nigeria, British West Africa, where he was particularly interested in the translation of the languages of several of the native tribes. After repeated attacks of malaria, he returned to the United States and several years later spent five years in the British West Indies under the auspices of the American Friends' Board of Foreign Missions.

At the outbreak of World War I, Mr. Kurtzhalz returned to the United States and was sent immediately to the Mexican border for YMCA work with the Armed Forces. With the formal declaration of war, he was made camp secretary of the YMCA for the officers training camp at Fort Roots, Little Rock, Arkansas, where he served under Major General Robert Lee Bullard, later commanding officer of the famous Rainbow Division. When a division camp was established at Little Rock, he organized a staff of 75 secretaries and served as the executive secretary for Camp Pike.

Promotion came quickly, and after a short period as camp secre-

tary at Camp Travis, San Antonio, Texas, he became associate executive and later executive secretary of YMCA war work in the five states comprising the Southern Military Department. Among his mementos are letters of commendation from President Wilson's daughter, Margaret; Major General Sturgis of the 87th Division, National Army; and a Certificate of Service from the National War Work Council of the YMCA.

Mr. Kurtzhalz's interest in social hygiene stems from these days in army camps at a time when preventive work was still in its infancy and every effort to entertain the men in the camps was necessary to combat the influence of camp-followers and organized prostitution in neighboring communities.

In the midst of the war, his wife died, leaving him with five small children. When the war ended, he returned east, was married to Miss Leslie Osgood, a graduate of Smith College, and re-established a home for his family in Swarthmore, Pennsylvania, where he has resided for the last 30 years.

For several years he served as one of the field superintendents of the Swarthmore Chatauqua. The last 25 years have been devoted to the field of tuberculosis and public health: first as a staff member of the Philadelphia Association, then as executive secretary of the Delaware County Tuberculosis Association and since 1937 as executive director of the Tuberculosis Association in Philadelphia.

One of the earliest innovations following his appointment was the establishing of an annual observance of Social Hygiene Day in Philadelphia in February, 1938. Major General William G. Price, Jr., served as chairman. The luncheon speaker was Major General Charles R. Reynolds, MC, USA, then Surgeon General of the United States Army. Other guests included Major General E. C. Shannon, Judge Charles Brown and a number of outstanding physicians and prominent citizens. Nearly 200 persons attended this first Philadelphia Social Hygiene Day.

Each year since, Social Hygiene Day in Philadelphia has been observed under the sponsorship of the Department of Public Health of Philadelphia, the Division of Medical Services of the Philadelphia Board of Public Education, the Committee on Venereal Diseases of the Philadelphia County Medical Society and the Philadelphia Committee on Social Hygiene Day. More than 50 cooperating agencies have assisted in the promotion of attendance and general interest in the program. Attendance has averaged between 300 and 400. Thus, under the leadership of Mr. Kurtzhalz, the observance of Social Hygiene Day in Philadelphia has become one of the most impressive in the United States.

In addition, the Tuberculosis Association includes social hygiene films in its health education library. Leaflets and pamphlets for general distribution are also available at the office of the Association. In the last fiscal year, 136 social hygiene programs were included in the health education program of the Association. These activities, directed by Mr. Kurtzhalz, have done much to maintain interest in social hygiene.

Mr. Kurtzhalz is a past president of the National Conference of Tuberculosis Secretaries; a past president of the Chester (Pa.) Rotary Club; a former member of the Board of Directors of the Philadelphia Rotary Club; an affiliate member of the Philadelphia County Medical Society; and serves on numerous committees, including the Joint Committee of the American Pharmaceutical Association and the American Social Hygiene Association, to which he has rendered great service.

In grateful recognition of his valued cooperation and many contributions to public health and social welfare, the American Social Hygiene Association is proud and happy to award an Honorary Life Membership to Charles Kurtzhalz.



Mayor William F. Devin

HONORARY LIFE MEMBERSHIP

1951

Born in Toledo, Ohio, in 1893, Mayor Devin spent his early childhood in New York and Missouri. At the age of 15 he arrived in the State of Washington, and a year later was graduated from Lincoln High School in Seattle.

During the Mayor's early years he displayed a great interest in law as a profession, and immediately after leaving high school he entered the University of Washington Law School. World War I interrupted his law training. As a sophomore he enlisted in the Washington unit of the United States Army Ambulance Corps, and served with distinction in Italy and France during the St. Mihiel and Argonne campaigns. Mustered out in May, 1919, he returned to the university and received his law degree in 1923.

The following year Mayor Devin married Miss Helen Hague, and while he was a young practicing lawyer Mayor and Mrs. Devin were blessed with two sons.

Mayor Devin's first public office was that of Justice of the Peace. He was elected to that office in 1938, and shortly thereafter he was appointed Municipal Court Judge. Always interested in civic betterment, he won outstanding recognition on the bench.

Elected Mayor of Seattle in 1941, he assumed office in 1942. At that time Seattle was a community of great military impact. Thousands of servicemen visited the city daily. Mayor Devin promptly reorganized the Police Department, removed it from politics and launched a vigorous and far-seeing campaign against commercialized prostitution that succeeded in alleviating conditions detrimental to the efficiency, health and moral welfare of servicemen and the community.

The citizens of Seattle have registered their approval of Mayor Devin's administration by electing him to office for three two-year terms. And, under a revised city charter, he is now serving a four-year term ending in 1952.

The vital role Mayor Devin has played as Chief Executive of the State of Washington's first city has attracted nation-wide attention.

As president of the American Municipal Association, an organization representing some 10,000 municipalities, his wise counsel will help in portraying the viewpoints of cities on national affairs before the Congress.

Mayor Devin has served as honorary chairman of the Seattle-King County Community Chest, of the Anti-Tuberculosis League and of the King County chapter of the National Foundation for Infantile Paralysis. In 1947 he was on the advisory board of the United States Conference of Mayors, and in 1949 he was president of the Association of Washington Cities.

A member of the Seattle and Washington State Bar Associations, Mayor Devin also belongs to the American Legion, Veterans of

Foreign Wars and Moose Lodge. He is a member of the Presbyterian Church.

To this distinguished adopted son of the Evergreen State, the American Social Hygiene Association and affiliated organizations are gratified to award an Honorary Life Membership, knowing full well that his courage, foresight and ability will help to further the social hygiene movement in the nation.



Roberta West Nicholson

HONORARY LIFE MEMBERSHIP

1951

"I have deep conviction about the importance of social work," Roberta West Nicholson recently wrote a friend.

That deep conviction shines through all she does. It is apparent in her day-by-day application of the best social hygiene principles in her job as executive secretary of the Indianapolis Social Hygiene Association.

It is apparent in her varied service as a volunteer in social work. At present, she is social hygiene chairman of the Indiana Congress of Parents and Teachers . . . a member of the board of the Indianapolis Children's Bureau . . . a member of the Indianapolis Board of Health and Hospitals . . . president of the Indiana Public Health Association . . . a member of the executive committee of the Indiana Council on Children and Youth. She was a delegate to the Midcentury White House Conference on Children and Youth. She is a past member of the board of the Child Welfare League of America.

Her deep conviction was apparent back in the thirties when she served two sessions in the Indiana General Assembly. Only woman

member of the legislature, she successfully sponsored an "anti-heart balm bill" prohibiting all breach of promise, alienation of affections and seduction suits and banning, except on court order, the naming of any co-respondent in a suit for divorce.

Not If Love Was Genuine

Said TIME at the time. " 'I am firmly convinced,' firmly declared Mrs. Nicholson, 'that most actions for breach of promise and seduction have extortion as their chief motive. Surely a suit to recover money as damages for the broken romance cannot soothe a woman if love was genuine.' "

Her convictions about the need for the anti-heart balm bill, which attracted national attention and which other states copied, as well as her responsibilities as secretary of the legislature's public morals committee, led Mrs. Nicholson gradually to continue her work for stable family relations in the field of social hygiene.

In between, she has also served as Indiana's woman chairman for the New York World's Fair and as secretary of the Convention which ratified the 21st Amendment to the Constitution.

A midwesterner by birth and residence, Mrs. Nicholson was born and educated in Cincinnati. After a year at the University of Cincinnati, she attended a finishing school in New York and later studied at New York University.

In 1925 she married Meredith Nicholson, Jr., son of the Hoosier novelist and diplomat. Their son, Meredith Nicholson III, a soldier in the new Army, is currently stationed at St. Louis. Their daughter, Eugénie, is a graduate student in English at the University of Iowa.

In Mrs. Nicholson's own words, "I really like to cook, and have a speedy and unresentful hand in the dishpan."

In her leisure time, she likes also to swim and fish or just to look at any body of water, a pleasure she misses in land-locked Indianapolis, to which, with years of volunteer service, she has long since proved her devotion.

To Roberta West Nicholson, honored wife and parent, community leader and conscientious civic worker, the American Social Hygiene Association is proud and happy to award an Honorary Life Membership, in recognition of her inspiring contributions to the social hygiene movement and her fine sense of responsibility as a citizen.



Adele Johnston Minahan

HONORARY LIFE MEMBERSHIP . 1951

Adele Johnston Minahan . . . young in heart, tireless, bouyantly creative in her approach to every problem she's ever touched, warmly but gently zealous for the greatest good for the greatest number of God's creatures . . . is precisely the kind of person for which other states envy South Carolina.

Charleston's Miss Minahan . . . product of private schools and tutors in music, art and languages, later more formally molded in such educational institutions as the South Carolina Normal Kindergarten Training School at Charleston, the Chicago School of Civics and Philanthropy and Columbia University's Teachers College . . . is today South Carolina's Miss Minahan, serving as executive secretary of the South Carolina Conference of Social Work, chairman of recreation for the South Carolina Congress of Parents and Teachers, treasurer of the South Carolina division of the Southern Regional Conference on Interracial Problems for the White House Conference on Children and Youth, treasurer of the South Carolina Citizens' Committee on Children and Youth, and board member of the Palmetto Council of the American Camping Association, in addition to serving as chairman of the South Carolina Mental and Social Hygiene Society's social hygiene division.

The little girl whose own happy hours of butterfly-chasing and nature study down at the water's edge of Charleston's Battery were to make her ever mindful of the need to open the door to similar pleasures for other children, grew up determined to see that children and adults should share her conviction that man does not live by bread alone. In recreation, Miss Minahan saw no puritanical rewards

for good behavior. Rather, she saw recreation as a good end in itself, as a portal to the richer life.

It was not surprising, then, that as field district supervisor for the South Carolina Emergency Relief Administration, Miss Minahan found time to organize recreational activities for her clients and to interest communities in using work relief projects for the building of play fields. Nor is it surprising to find that in the short period of five months while she was state director of recreation for the Works Projects Administration she gained the cooperation of every county in the state in developing its own recreation project.

Her earlier years as kindergartner, social worker and recreation leader were full of quiet adventure, lasting achievements and unsought recognition. Typical of Miss Minahan's approach to human need was her first choice of a position. Offered two—a job in a private kindergarten patronized by wealthy families and a similar one in a kindergarten operated for the children of millworkers—she chose the latter.

In the mill village the kindergarten was the only social service resource outside of two religious groups which conducted services and Sunday Schools. Soon the kindergarten was beginning to meet the health and welfare needs of both children and parents, with volunteer medical, dental and hospital services provided through Miss Minahan's tireless solicitation of help from specialized sources.

Her realization of the need for social hygiene programs—one she has never failed since to impress on others—came in these early professional years when Miss Minahan saw her first blinded child victim of venereal disease. Characteristically, although then only 20 years old, Miss Minahan refused to limit her work in social hygiene to public information about VD. She went straight to the heart of the problem—the then-flourishing redlight district of Charleston. A group of outstanding men, including members of the Charleston clergy, had formed the Law and Order League to combat commercialized prostitution. Feeling that they needed the assistance of courageous women, they formed a Women's Auxiliary of which Adele Minahan—to the horror of conservative family and friends—became recording secretary.

From that day on, Adele Minahan has fought the good fight for families . . . for the eradication of VD and of conditions fostering its spread, for family life education, for strong and continuing social hygiene programs throughout South Carolina.

Amongst other educational experiences, she armed herself with a solid knowledge of the law by reading law in a private law firm for several years. Thus she was able to do more than create public interest in welfare, health and recreation. She was in a position to

help develop laws that would assure these services to all the people in South Carolina. The Physical Education Bill of 1924 and South Carolina's prenatal blood test laws were only two of many pieces of legislation in which Miss Minahan played an important guiding role.

Recognition of her rare qualities as both leader and worker began early and has since continued. In World War I, Miss Minahan was director of the first municipal recreation system in Charleston. She served on the War Camp Community Service Committee of Charleston as chairman of activities for enlisted men. She was later volunteer director of Charleston's Community Club for Servicemen. Having worked vigorously for the Girl Scout movement, both in Columbia and throughout the state, Miss Minahan was appointed an honorary life member of the Girl Scout Council which she helped to organize.

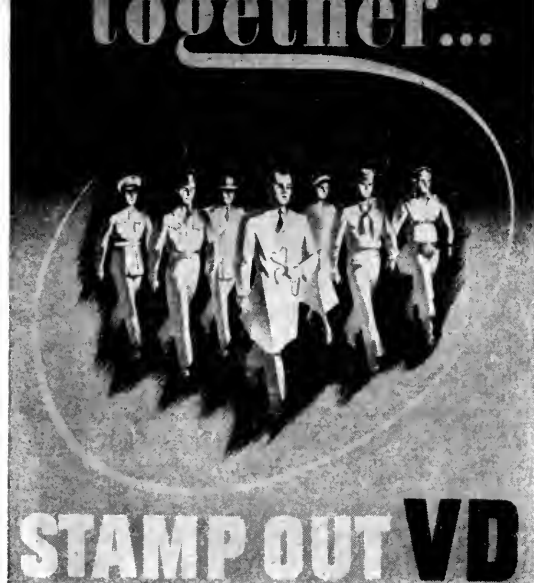
Year after year, Miss Minahan has kept social hygiene in the forefront of public consciousness. She has demonstrated the close relationship between social hygiene problems and the lack of recreation, housing and other basic human needs. Through her work with the State Conference of Social Work, the South Carolina Congress of Parents and Teachers and the South Carolina Mental and Social Hygiene Society, Miss Minahan has seen and used every possible opportunity for working towards the finest goal of all . . . the maximum chance for every human being to develop as a whole person, physically, intellectually, emotionally, spiritually.

For her trail-blazing in the fields of recreation, public health and social hygiene and in recognition of a long and honorable record of selfless devotion to her profession and to her fellowmen, the Committee on Awards confers upon Miss Adele Minahan an Honorary Life Membership in the American Social Hygiene Association.

Union Plans Paris Meeting

In accordance with plans made at a meeting in Zurich last summer, Dr. André Cavaillon, secretary general of the International Union Against the Venereal Diseases, has announced that the Union will hold its 28th General Assembly May 21 to 25 in Paris. Members will meet in a joint session on sex education with educators, psychologists and social workers, and will commemorate the 50th anniversary of the founding, by Alfred Fournier, of the French Moral and Sanitary Prophylaxis Society.

Those wishing additional information on the 1951 Assembly may write Miss Marguerite Troué, administrative secretary of the Union's international headquarters, Institut Alfred Fournier, 25 Boulevard Saint-Jacques, Paris XIV, or to Mrs. Josephine V. Tuller, director of the Union's regional office for the Americas, 1790 Broadway, New York 19, N. Y.




WHAT TO DO

by Herman Goodman, M.D.

- I. We must place freedom from venereal disease as the first of our objectives. Security of the home and the nation fails without this freedom.
- II. We must boast of our objective and the means utilized to attain it.
- III. Relinquishing the attainments of the immediately preceding decades of effort of social hygiene is not considered. The line must be held!
- IV. Associate with leaders and organizations with the same, similar or allied objectives, and specialists in our modes of procedure.
- V. The program has only begun. The lower the reservoir of infections and potentially infectious patients in our community, the greater the effort required.
- VI. As a corollary to V, the cost in man-hours increases geometrically with the arithmetic decrease in the hidden reservoir of cases.
- VII. Present organization tempered by time and experience must continue.
- VIII. Plans must be audacious, comprehensive, all-inclusive.
- IX. Each and every governmental public health agency and the volunteer societies must be interested in the maintenance of sustained action.
- X. We cannot depend upon the attainments of the past. The future offers a new face—new facets—a new challenge.

BEHIND THE BY-LINES

Mrs. Oswald Bates Lord




Mrs. Lord, who as early as October, 1943, had received a government citation for 5,000 hours of volunteer service in the Office of Civilian Defense, is one of the country's outstanding citizens.

She began in 1927 as a volunteer social worker in Minneapolis, her home town, and in 1948 she received from General Bradley the Department of the Army's certificate of appreciation for patriotic civilian service. In the intervening years, she worked tirelessly for such diverse causes as the New York Defense Recreation Committee, National War Fund, New York World's Fair, Metropolitan Opera Guild, Town Hall, Inc., Civilian Advisory Committee for the Women's Army Corps, Community Chests and Councils, United States Committee for the United Nations Children's Emergency Fund, and Smith College.

In 1949 Mrs. Lord became a member of the executive committee of the Citizens' Committee for the Hoover Report.

Lt. Gen. M. H. Silverthorn



In 34 years as a Marine Corps officer, General Silverthorn has won innumerable decorations for gallantry in action, in two wars has led troops from Chateau Thierry to Japanese-held Guam and in peace has served with the fleet and with amphibious troops. Now he is assistant to the commandant and chief of staff of the Marine Corps.

He received the Legion of Merit for exceptionally meritorious service in the recapture of Guam and a Distinguished Service Medal for operations against enemy forces in the Pacific.

His decorations for gallantry in action in World War I include the Navy Cross, DSC, Silver Star with Oak Leaf Cluster, Purple Heart and the French Croix de Guerre with Silver Star.

General Silverthorn was born in Minneapolis, and before entering the Marine Corps he attended the University of Minnesota. He and Mrs. Silverthorn have three sons. Merwin H., Jr., a captain in the Marine Corps; Russell L., a lieutenant in the Marine Corps reserve; and Robert S.

Dr. Norman R. Ingraham, Jr.

In recognition of his work in public health, Dr. Ingraham is the recipient of a certificate of commendation from the Third Service Command of the United States Army and the P. S. Pelouze Award in 1949 for outstanding service in the development of Philadelphia's VD control program. A graduate of the University of Pennsylvania, he is now an assistant professor of dermatology and syphilology there; a diplomate of the American Board of Dermatology and Syphilology and of the American Board of Preventive Medicine and Public Health; and a special consultant to the Division of Venereal Diseases of the United States Public Health Service.

THE LAST WORD

“It dreams of a time when there shall be enough for all, and every man shall bear his share of labor in accordance with his ability, and every man shall possess sufficient for the needs of his body and the demands of health. These things he shall have as a matter of justice and not of charity. It dreams of a time when there shall be no unnecessary suffering and no premature deaths; when the welfare of the people shall be our highest concern; when humanity and mercy shall replace greed and selfishness; and it dreams that all these things will be accomplished through the wisdom of man. It dreams of these things, not with the hope that we, individually, may participate in them, but with the joy that we may aid in their coming to those who shall live after us. When young men have vision the dreams of old men come true.”—Rosenau



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About our cover . . .

Le Bénédicité (Grace before Meat), by Jean Baptiste Siméon Chardin. Fourth of a series of Journal covers on family life . . . reproduced with the permission of the Louvre and the Metropolitan Museum of Art.

Harriett Scantland, Editor

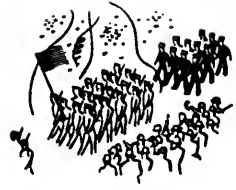
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POWER PLUS IDEALS

“Defenders of Freedom” is the official slogan for Armed Forces Day, approved by President Truman for observance Saturday, May 19, by the military services and the public. The theme, announced by Secretary of Defense Marshall, is two-fold:

- ☆ A tribute to our Armed Forces as an integral and interdependent part of the total material and spiritual power of America now being mobilized.
- ☆ A renewal of faith in our country’s sacred heritage—the ideals of peace and freedom to whose preservation our power is dedicated.

This is the second unified “day,” which was established last year in place of the separate dates previously observed by the Army, Navy, Marine Corps and Air Force. As in 1950, the emphasis is on a rounded community-level observance. The keynote is cooperation.

Troops and military equipment will take part in as many community programs as possible, and the Armed Forces will, if possible, authorize the participation of naval vessels, aircraft and airborne troops. Reserves will join in the observance, and State Governors may ask National Guard units to participate. Where practicable, military installations will hold “open house.”

In response to the request of the Department of Defense that national organizations tell their members and affiliate groups about the plans for Armed Forces Day and urge their participation, ASHA takes pride and pleasure in passing this invitation along to you and hopes that you will join in observing this important event.

Each of us, whether in mufti or uniform, is a “defender of freedom” when we lend our aid and interest at such a time, and none knows better than the social hygiene worker that ideals must be kept bright by renewed faith and translated into action by power well used.



SOCIAL HYGIENE IN THE ARMED FORCES

by Major General John M. Devine

Health, as you are well aware, is a primary factor in national strength and consequently is of the utmost importance in national security. The military man, second only to the doctor, is deeply concerned with all matters that affect the health of our people. The rigors of war can be borne only by the strong body, and any disease that undermines that strength diminishes by an equal amount our capacity to defend ourselves.

In 1947, a committee headed by Dr. Karl Compton, then president of MIT, made a very penetrating and comprehensive study of national security. After analyzing the problem and studying it in detail, the committee concluded that the first requirement is "a strong, healthy, educated people." I believe every thinking person will agree with this conclusion. It is not in our armaments, our machines and our training camps that our real strength lies, but in the people themselves, in their physical, mental and spiritual vigor.

The Armed Forces have always been interested in the health and welfare of their individual members, particularly in that field with which social hygiene deals. From the very nature of military life the danger of social diseases increases as large numbers of men, separated from home and family, are assembled in camps often

An address February 20, 1951, at the New York Tuberculosis and Health Association's annual conference.

isolated from adequate facilities for healthful recreation. Particularly now, in a national emergency, with increasing numbers of men being called up, with the population displacement resulting from the need for workers in the armaments industry, with greater numbers of women working in all fields, the problem is an important one and deserves our best thought.

I assure you the Armed Forces are aware of their responsibilities and have, I believe, an understanding of the problem and its difficulties as well as a sound approach to a solution.

Strictly speaking, we have no definitely defined social hygiene program as such. There are, however, several correlated programs that may be considered to constitute a program of social hygiene. Such a program encompasses far more than the control of venereal diseases. It includes all those elements that tend to elevate the moral and social plane of a military unit, particularly the establishment of sound athletic and recreation programs. It includes the encouragement of hobbies, the provision of wholesome social activities, opportunities for education. In fact, it includes a continuing and aggressive effort to provide the serviceman with healthful outlets for his spare-time activities and to elevate the social and moral tone of all of them.

Too often in considering the problem of the control of venereal diseases we adopt the negative approach, both in civilian and in military life. We think of police measures, of the closing of houses of prostitution or placing them off limits. We think of curing the diseases after they have been contracted. Such an approach used to be common in the Armed Forces, but the attitude toward the problem has changed materially in the past few years.

Let me outline for you what might be called the evolution of the present social hygiene program. It has developed over a period of several years.

It has long been the policy of the Armed Forces to endeavor to repress prostitution. Regulations published periodically have clearly outlined the accepted attitude.

"The repression of prostitution," Army regulations state, "is an established policy of the Department of the Army in its program for the welfare of personnel, the development and guidance of character, and the control of venereal disease."

No deviation from this policy is authorized, and the policy applies in overseas commands as well as in the United States. Houses of prostitution are off limits for all military personnel, and disciplinary action will be taken against any who enter.

The other services have similar regulations. While they differ in wording and sometimes are capable of varying interpretation, the

intent is the same. The Armed Forces consider the toleration of prostitution as "socially objectionable, potentially destructive of public decency, and productive of immorality and disease."

Services and Civilian Agencies Cooperate

The first cooperative effort between the services was the publication of a directive in August, 1944, establishing what were at that time called the Joint Army-Navy Disciplinary Control Boards. In November, 1950, these were reconstituted as the present Armed Forces Disciplinary Control Boards. These boards consist of eight official members, two from each of the services—Army, Navy, Coast Guard and Air Force. Each service is represented by a senior officer from its provost marshal's office (or its counterpart) and a senior officer from its surgeon's office.

The functions of the board are to consider reports on conditions, within the area of its jurisdiction, relating to improper discipline, prostitution, venereal disease, liquor violations, disorders and other undesirable conditions, as they apply to service personnel. Whereas these same functions were previously carried out separately by the several services, they are now combined.

Meanwhile, in November, 1948, another important step had been taken to unify the efforts of all those agencies concerned with the handling of the problem of VD. An eight-point agreement was reached designed to coordinate the activities of state and local health and law enforcement officers in cooperation with the Public Health Service of the Federal Security Agency. It was signed by the Secretary of Defense for the Armed Forces, by the Secretary of the Treasury for the Coast Guard, by the Federal Security Administrator for the Public Health Service, and by the president of the Association of State and Territorial Health Officers.

Cooperation with the Armed Forces was through the Armed Forces Disciplinary Control Boards. One of the most significant points in the program was, by the way, to invite the assistance of the American Social Hygiene Association, affiliated social hygiene societies and other official and voluntary welfare organizations. The help of these organizations has been beyond price.

There is at least one AFDC Board in each Army area and as many subordinate ones as the situation requires. These boards meet regularly and function about as follows:

The representatives of the discipline or police branches present to the board data and information regarding matters pertaining to improper discipline, liquor violations, disorder, etc. The medical representatives present reports on venereal disease, illness that has

been traced to improper sanitation of eating establishments and, often indirectly, prostitution.

Representatives of civil health, police and social organizations also attend meetings for the purpose of coordinating venereal disease data and for imparting information regarding the effectiveness of contact-reporting and case-finding. Practically all boards take advantage of the services of the American Social Hygiene Association. District representatives of ASHA endeavor to attend as many of the meetings of the various boards in their districts as possible. They also provide studies relative to commercialized prostitution, studies whose value can hardly be overestimated.

In general, the AFDC Boards get a pretty complete picture of the situation in their area of responsibility, with civilian and military police officers, medical and public health officers, and the American Social Hygiene Association each contributing important information to the group as a whole.

It should be mentioned, too, that the United States Brewers Foundation cooperates actively with the AFDC Boards in their endeavor to maintain a high standard of discipline and order. This foundation is concerned with the promotion of law observance and the maintenance of wholesome conditions in retail beer outlets frequented by members of the Armed Forces. On their part, this is a matter of good public relations, but it is also a very helpful effort. While the foundation has no police power over the owners of taverns or bars, its influence is quite great, and its voice is usually listened to with respect.

Similarly, representatives of local and state liquor distributors associations meet from time to time with the various boards, usually by invitation, to discuss means of controlling the sale of liquor to minors and the problem of pimps and hustlers in bars and taverns. While the majority of these organizations also have no police power, they do wield a big stick in that they have considerable control over who is licensed and who is not.

All actions of the AFDC Board, while they are necessary, are nevertheless negative in their approach to the problem. They do a pretty good job in handling a situation which already exists, but they do not attack the problem at the bottom.

During the years 1947 to 1950, the attitude of the military toward the VD problem was changing. We were beginning to realize that the problem is not simply the prevention or cure of a disease. The Disciplinary Control Boards which include only policemen and doctors are all right as far as they go, but they are not a complete solution to the problem. A sounder approach was necessary, because the problem essentially is a moral one.

Aims of the Character Guidance Program

The Army's character guidance program, initiated in 1948, constituted such an approach. The idea back of this program was to develop high standards of personal conduct, to teach moral responsibility and self-discipline, to raise the general behavior level of military units, and to extend into the military service as far as practicable the good influences of the home, the church and the school. In short, it was designed to establish high standards of personal and group behavior and to maintain a wholesome, healthful and moral climate in which the serviceman can live and move.

The implementation of such a program requires far more than police and medical personnel. The Character Guidance Councils include in their sphere of interest all the activities of the soldier, particularly those activities which in themselves are not strictly military. The off-duty hours are the ones of greatest significance in maintaining such a program. The chaplain is of vital importance both as a spiritual adviser and as a counselor. The special services officer, with his facilities for recreational and social activities, plays an important part. The information and education officer, with the opportunities he has to offer for self-improvement, is an active participant.

Above all, however, it is the commander whose efforts will determine the degree of success in achieving the aims of the program. Character guidance is a command responsibility. It involves leadership, example and the best possible program of supervised recreation. It means a continuing effort to encourage voluntary participation in healthful off-duty activities.

Nearly every large post has adequate facilities to satisfy the most demanding young man. The efficient commander must be able to coordinate successfully all the means at his disposal to encourage participation in such activities and to see to it that the atmosphere at all of them is a wholesome one and that standards of behavior and language are such that he will be proud of them.

This is a sound approach to social hygiene. In the discussion of the character guidance program, it should be noted, there is no direct reference to VD. It was true that at the first meetings of the initial Character Guidance Councils the tendency was to think only of VD, its prevention and cure. Gradually, however, the idea has taken root that Character Guidance Councils are concerned not only with police and medical aspects, but with the whole problem of providing a wholesome, active and socially satisfying life for the service-

man. Such councils must work constantly to eliminate the bad influences which tend to undermine character and to encourage everything which contributes to establishing high standards of behavior.

Character Guidance Councils are interested in housing, in recreational and athletic facilities. They are interested in adequate supervised social activities, both on and off the base. They are interested in encouraging thrift through savings bonds, and also in encouraging participation in the education program.

They are interested in the attitude of nearby communities toward servicemen and in the attitude of servicemen toward the communities. They are interested in behavior on the base, in the mess halls and theatres, in the service clubs, in neighboring towns. They are concerned with the general atmosphere at social gatherings of all sorts. In short, they are interested in establishing a wholesome atmosphere at every service activity.

Individuals coming into the Armed Forces are the product of their environment. They bring with them their own attitudes and their own standards. It would be really wonderful if those attitudes were sound and the standards high. If they are not, it is our intention to do our best to make them so.

The accomplishment of such a task is not easy, and I am not prepared to say how successful it has been so far. That it has succeeded to some degree, there can be no doubt. And I am sure that results in the future will be increasingly gratifying.

Good times in good company help to build good character.



The attitude of the Armed Forces toward social hygiene is, I am sure, a sound one. With the rapid increase in the size of our Army, Navy and Air Force and the prospect of a long period of preparedness, it is important that this should be so. We have a responsibility to the country, and we are making an honest effort to meet it.

Civilian agencies have been a very great help indeed. The American Social Hygiene Association, welfare organizations, local police and health organizations all are cooperative. Their continued cooperation is, of course, essential.

I will go a little farther than this, however, and say that what is really needed is the complete cooperation of all the communities in the country, particularly those in the vicinity of camps. When a soldier or a sailor or an airman goes to town, he should be accepted for what he is: a young American in town for a change of scenery or a little diversion. He should neither be pampered as a hero nor looked at askance as a probable source of trouble. He should be made to feel just as much at home and accepted in the same manner as anybody else.

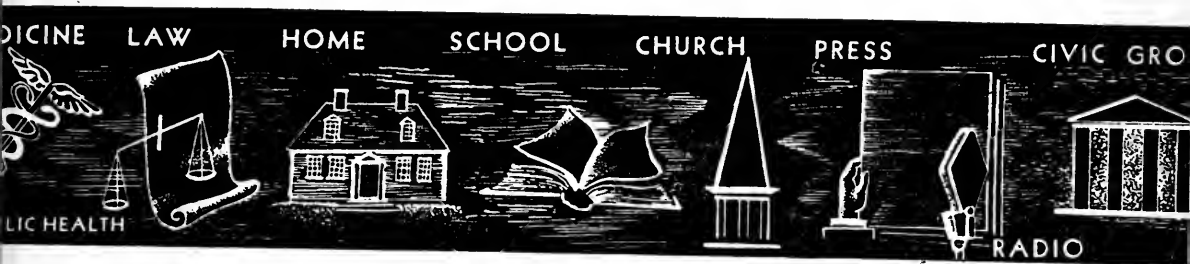
That is all, and it is not asking very much. It implies an acceptance on the part of the public of the fact that sailors are people, that the behavior standards of airmen are about average for young men their age and that the percentage of soldiers out on a binge is about the same as for any other group. In short, the general public should expect from the Armed Forces about the same conduct they expect from their own neighbors.

Certainly that element of all communities which caters to the baser instincts of men merely because they are in uniform should be, and can be, stamped out.

In summary, let me say that the Armed Forces in the present emergency take social hygiene very seriously. We realize our responsibilities and will endeavor to meet them. Our approach is sound, but implementation is difficult. It will require the sympathetic understanding and cooperation of the people of the country if it is to succeed.

The citizen of this nation must come to look upon the sailor, the airman and the soldier as citizens also, and accept them as such. Perhaps they might even go a little farther and take an interest in their welfare, and especially in the welfare of the young ones.

Communities might even go so far as to set up their own Character Guidance Councils to look after all the young people of the neighborhood, including visiting servicemen. Then the social hygiene problem in the Armed Forces would be as close to a solution as it is ever likely to come.



COMMUNITY RESPONSIBILITY IN FAMILY LIFE

by Judson T. Landis

In our culture there is often an observable difference between what people say they believe and what they do in practice. This inconsistency is apparent in family life. We believe in and laud family stability. We acknowledge that a stable family is necessary for the emotional development of children. We are critical of nations that have done anything to destroy a stable family life. But our nation has led the world in family disorganization.

Our divorce rate for years has been higher than that in most other countries of the world. It is estimated that in America there are between 1,500,000 and 2,000,000 children under 18 years of age whose homes have been broken by divorce. In 1870, the ratio of marriages to divorces was 34 to one; in 1900, 12 to one; in 1940, five to one; and in 1950, it was four to one.

To understand the increase in family disorganization in the United States, we must look at some of the socio-economic changes which have had as great an impact upon the family as the impact of radio upon communication.

In general, as pointed out by Professors Burgess and Locke, the family is in transition from an institution to a companionship. In the past, the important factors unifying the family were external, formal and authoritarian, as the law, the mores, public opinion, tradition, the authority of the family head, rigid discipline and elaborate ritual. At present, in the emerging form of the companionship family, the unity inheres less and less in community pressures and more and more in such interpersonal relationships as the mutual affection, the sympathetic understanding and the comradeship of family members.

Such social changes as the following now make it more difficult than ever for couples to maintain stable families: development of urban civilization, work centered outside the home, great mobility of

population, transition in the roles of men and women, change in attitudes toward divorce and ease in divorcing.

Most leaders are agreed that the community should do something to help people establish marriages which will be permanent and homes in which children will find happiness. There is agreement on the general principle that instead of permitting young people to drift into marriage and parenthood we should substitute careful preparation for marriage and parenthood.

There is not agreement on some points concerning the family life education program; communities differ about the details of methods and materials. It is important, then, for leaders to get together and to map out programs of action on the points on which they do agree, rather than to let the whole program be held up while time is spent quibbling over minor differences. There is enough work to be done in the major areas where we agree.

Agencies planning programs to better family life must recognize that at present there are already many forces in the community preparing young people for marriage and family living. While we debate methods and materials, these forces go ahead giving doubtful and frequently dangerous preparation for marriage to our young people.

In the average community, the movies, newspapers, magazines, comic books, radio serials, popular songs and television furnish young people with much of their information on sex and marriage. A careful analysis of many of these "family life programs" would show that in most respects the information is false and misleading and presents a point of view opposite from the facts as revealed in research on what makes for successful marriage.

To illustrate, the theme of the average movie or magazine love story is sudden love, love as the one important factor, short acquaintance, "and they lived happily ever after." Research reveals a far different picture: growing in love; love as only one factor among many important ones; love can mature into married happiness only if the couple have many other things in common; longer acquaintances and engagements are better; and marriage means two people begin to learn to live with each other.

In setting up a community education program, we need first to assay our present community programs, the forces both negative and positive that are educating young people for marriage. It will be impossible for us to do away with the escapist type of movies, the undesirable literature, the comics and the radio and television programs that may be giving the wrong kind of preparation for marriage. But a part of a positive educational program in any community is to recognize that such forces are strong in the educating

of youth and to seek to counteract their effect by presenting realistic pictures of love and marriage. True, love as seen in the movies is often a pleasant escape into fantasy, but it may have no relation to the facts of love and marriage in real life.

The Church and Family Life Education

In general, churches should have a more aggressive program of family life education than they have at present. Scientific research of successful marriage supports the teachings on family life of most of the major religious groups. Research shows that people who are church members have more stable families. Those who have a church wedding have a lower divorce rate. Those given sex information in the home have happier marriages. Those who marry someone within the same faith have a lower divorce rate; agreement on religion is predictive of greater happiness in marriage.

Churches can do much to help family members at each stage of development. Active youth groups can help make it possible for young people to date, court and marry within the faith. Classes in preparation for marriage taught by the minister or some other qualified leader can help youth make more stable and happier marriages.

If the minister is qualified, he can often act as family counselor for his members. In fact, most ministers of necessity do much of this type of counseling, whether or not they are qualified. Churches can become family-centered churches.

Churches that do not feel that it is the place of the schools to give sex information must accept the responsibility for giving parents instruction so that they are more willing and able to give such information to their children.

As we look to the future, we may hope that seminaries will do more to train young ministers in the general field of marriage and family living and family counseling. The minister is in a key position to exercise leadership in family life education, but at present many ministers hesitate to accept that leadership. A few seminaries are now endeavoring to train ministers in marriage and the family. This tendency is increasing in seminaries.

The Physician and Family Life Education

People who have great confidence in their doctor are inclined to go to him for counsel on marital and personal problems. The doctor is almost forced to serve as counselor, whether or not he is qualified to do so. In the past, medical schools have done little to train their students for marriage and family counseling. Doctors have been forced to learn this part of their work through experience.

Because of their specialized training in the biological functioning of the body, doctors are the logical ones to help out in this phase of family life education. But unless the doctor has taken special interest in and qualified himself for counseling on other types of marriage problems he should, if possible, refer the patient to someone in the community who does have such training. Medical schools are now recognizing this lack in their training program, and many have set up courses of study better to qualify future doctors for dealing with the emotional problems of people.

A recently completed study of 212 couples who had gone through their first pregnancy emphasized the need for giving a broader training in medical schools so that the doctor would have a better understanding of the effects of social-cultural conditioning upon the psychosomatic behavior of the patient. In the study, all of the wives were asked this question, "How could your doctor have been of more service during pregnancy and childbirth?" The following comments were typical:

- "My doctor was really too busy to find much time to talk to me. It would have helped to be able to talk things over with him."

- "The office visits were too rushed . . . gave the feeling of being on an assembly line."

- "I was certain I would die after my first visit to my doctor."

- "I felt a lack of interest on his part. Many times I wanted to talk to him but couldn't due to lack of time."

- "If only he had explained why and what would happen, how the child is born, the muscles that contract, when to relax and when to start helping and what was about to happen in the delivery room."

- "My doctor could have helped me so I wouldn't have been so afraid. I told him I was afraid. All he said was that there is nothing to be afraid of."

The average girl enters her first pregnancy filled with fears because of old wives' tales, folklore and misinformation, and she needs help to overcome her fear of the unknown. A relatively innocent remark, such as "You are small," when the doctor makes the pelvic examination may have an impact the doctor does not suspect. The young woman may interpret it to mean that she will have a very difficult time and probably die in labor.

We should say that there was the highest praise from the young wives for those doctors who had bothered to take time to give them

a clear understanding of their own biology, of foetal development and of what happens during childbirth.

After going through the first pregnancy, 17.5% of the wives indicated they wanted fewer children than they had wanted before and only three percent wanted more children. Forty percent feared another pregnancy and childbirth.

Could doctors in the community help in making the childbirth experience less traumatic? If not, what agency-in-the community should help with this important part of family life education?

Welfare Agencies, Social Workers and Community Health Agencies

The largest and most generally available family counseling service in our country is provided through member agencies of the Family Service Association of America. There are approximately 300 member agencies in all parts of the country, and most of these do family counseling. At present, there seems to be the feeling in some communities that the family agency is for the lower socio-economic levels only or for welfare clients. Therefore, this agency needs to do a better selling job of its services to all members of the community.

Counselors need a broad training so that they can deal effectively with all phases of family maladjustment, not only with family problems of an economic nature. As soon as possible, counselors should attempt to qualify as members of the American Association of Marriage Counselors. Schools of social work can do more in their graduate training programs to fit social workers for marriage counseling.

Welfare agencies might well evaluate their community programs to see whether they are adequate in providing for the leisure time and social activities of the aged; whether there is proper community care for unmarried mothers; whether sufficient instruction is being provided for expectant parents.

The Schools and Family Life Preparation

Probably the greatest hope for preparing the next generation for marriage and successful parenthood lies in a carefully planned program of family life education in the schools. We might take the definition of family life education as given by the Life Adjustment Committee of the United States Office of Education. It is: "That part of a total school program which provides opportunities for acquiring the understandings, the factual knowledge, the skills and the abilities necessary for homemaking and for successful participation in family life."

Some people see family life education as training for girls in cooking and sewing. Some see it as sex education, some as parent

education and still others as family economics. A well planned and balanced program will include all phases: the biological, psychological and economic aspects of family life, household tasks, cultural changes in the family, and training for parenthood. Such a program will not give undue emphasis to any one phase of family life.

The program should be geared to meet the developmental needs of all family members in the family life cycle, from infancy to old age. In family life education there should be a strong emphasis upon the personal and social adjustment of the individual as basic to successful marriage and parenthood.

Briefly, the school program, where adequately developed, includes the following:

Elementary Program—Units of education here are centered around successful home and family living. Units of study centering around the home will be as readily accepted as units in the past dealing with Indians, transportation, etc., and they will help the child from an unhappy home to get a more normal picture of family life.

A study of family life education in the elementary schools in the 48 states made in 1949 by the National Council on Family Relations showed that 14 states had recently revised the curriculum for elementary education to give emphasis to family life. Twenty State Superintendents of Public Instruction stated that the elementary education curriculum was planned around family life.

Junior High Program—For this age group, units of study or semester courses are now being developed which place emphasis upon personal adjustment. From the eighth grade on, young people are very much concerned about their own personality development and about their social relationships with others. Since the stability of the family and the individual's success in personal relationships are largely determined by the individual's adjustment with himself, this phase of the educational program is important and needs to be given early in the teens.

Freshmen or sophomores are ready for courses or units of study called "personal adjustment," "life adjustment," "basic living." Such courses should consider boy-girl relationships, behavior on dates, personality and how it develops, steps for improving personality, understanding parents, etc.

Senior Courses in Preparation for Marriage—Some high schools now require all seniors to take a semester course in preparation for marriage and family living. Many schools have an elective course.

This course should consider the senior as an adult who is soon to marry and form the parent generation. (Too many courses consider the senior a teen-aged infant and try to help him fit into his

present family. We favor the adult approach.) The course considers personality as basic in successful marriage, problems of dating, factors to consider in selecting a mate, those elements important in successful marriage, problems of adjustment in marriage, and parent-child relationships.

Wherever possible, it is desirable to have boys and girls in this class spend time both observing and helping care for nursery and kindergarten children. With the aid of a skilled teacher, students can get a better understanding of child development as well as a perspective on their own development. Highland Park, Mich., requires all senior girls to observe in the nursery school, and half the boys do so on a voluntary basis. All seniors are required to take the class in family living.

Sex and Reproduction Education a Part of Family Life Education

It is unfortunate that there is a misconception in the lay mind, and even among some professionals, when it comes to distinguishing between family life education and sex education. Sex education is not family life education. Sex education is only one part of family life education. Sex education should have its proportionate share of attention. Certainly it cannot and should not be ignored or omitted. Neither should it be allowed to predominate over other important phases . . . or to become the tail that wags the dog.

I believe that most communities are pretty well agreed that the schools should have a family life education program, but the disagreement arises in some communities over the sex education phase of the program. Strong community resistance to sex education should be respected. But it is often necessary to differentiate between real community resistance and the voices of a few cranks in the community.

Recently the editor of a "yellow journal" went to the high school library and read some of the reference books on marriage. He then published a series of articles referring to the "filth" taught in the family living classes. Students, parents, ministers and others in the community had sponsored and were back of the family living program and in an organized way they put the publisher in his place. In that community, the man trying to sell newspapers through sensationalism was not allowed to block a family life education program that had community support.

Let us then find out what our communities really think about the sex and reproduction phase of family life education. Most leaders are agreed that there should be no such thing as courses solely on sex and reproduction education. The materials should be integrated into other courses with a broader emphasis. There is also agree-



NEA Staff Photograph

Knowledge is
not enough.

ment that the practice common 30 years ago of having a doctor come to the school to give a special lecture on sex to segregated boys and girls is wrong. The materials presented should ordinarily be given by regular classroom instructors who have the confidence and respect of students and parents.

In nursery school and the elementary grades, the teacher should answer the normal questions asked by children about sex and reproduction as conscientiously as she attempts to answer their other questions. She needs to take pains to *know* the right answers. Some schools find class projects such as the keeping of pets useful here, especially in urban communities.

The lower grades (4, 5, 6) are the place for the use of films such as "Human Growth" to prepare the child for understanding his biological maturing. Junior high school is too late for the showing of such films, since many children are in the midst of this new part of their development and now may be less objective and more emotional in their attitudes.

During the junior high years, it would seem that family life education should help children to understand the emotional aspects of sex and how they may cope with their own sex drives. I believe that this is the phase of the program which needs most thought.

Knowledge of the facts of sex and reproduction are not enough (although studies of young people who are the most promiscuous show that they are also those least informed on sex). Throughout our country a surprising proportion of our unwed mothers are children 14 and 15 years old. The fathers are older youths who exploit uninformed girls. A program to instruct youth on the control of the sex impulse must come earlier than many of us realize.

The biology course in high school should consider the subject of human sex anatomy and reproduction in the same thorough and objective way that it considers circulation, respiration and digestion. It is quite shocking that some high schools must cut the pages on human reproduction from the biology books before the books can be used by the students. This attitude toward reproduction forces children to get their information from unwholesome sources.

The course in preparation for marriage for seniors should deal with the biology of sex and reproduction, if this has been neglected in the biology course. Information on pregnancy, childbirth and sex adjustment in marriage should be available. A very important obligation of this course is to prepare future parents so that they will be able to do a better job with their children's sex education than their parents could do. Ideally, after a generation of this type of education in the schools, parents should be able to take over and the schools could retire from the field of sex education, which perhaps theoretically should belong in the home.

College Courses—A course in preparation for marriage is rapidly becoming a part of the general education of all college students, regardless of their field of specialization. It is now recognized that whether a student is to be an engineer, teacher or architect, he is also going to be a husband and probably a parent and he needs training for that part of his vocation. Some colleges now require all students to take a course in preparation for marriage before graduation. The usual program, however, is to offer an elective course without prerequisites.

Advanced and graduate courses are being added to train future teachers and community leaders for leadership in all areas of family life education, and many universities are offering special summer workshops for the training of leaders.

Adult Education—Classes are being organized to meet the needs of all family members. Many communities have classes for expectant parents and for parents of small children. A few communities have classes for adults in the middle years of life and for old people. The needs of older family members are being increasingly recognized.

Most communities recognize the need for parent education classes which parallel the instruction given to the children in school, and

the need for cooperation of school and parents in the establishment of the family life education program. Films and text materials used with students can also be used with parent groups. Students in family life classes can give effective programs before service clubs, PTA's and mothers' clubs, and in turn adults can be used effectively on panels in class instruction.

Detroit, Mich., now has classes in family living in all the senior high schools. As a class project, the students in different high schools take turns presenting a radio program called "Youth Looks at Life." The program is an informative one, each week discussing phases of family life.

In general, the school program on family life education has been difficult to get started because there were not adequate materials for use in the elementary and secondary schools, and there were not enough teachers qualified by personality and training to do the work. Both these problems are rapidly being solved. Many fine films have been developed or are in production for use at all levels. Texts have been written specifically for the senior classes in preparation for marriage. More materials are needed for the elementary program, but these are being written. Summer workshops make it possible for teachers to get further training.

At all levels, there seems to be acceptance of family life classes. Various evaluations by college teachers of marriage courses show that from 90 to 100% of the students strongly approve of the courses. On many campuses, courses were instituted because of student pressure for them. Teachers of family living courses at the high school senior level report the same reaction from their students. There is a general feeling among both high school and college students who have had a class in preparation for marriage that the classes should be required for all students.

Coordinating Community Efforts

In any successful community effort there must be close coordination so that all groups will be working together toward the common goal. The school needs to know what the church is doing, and the doctor needs to know what is being done by welfare agencies and by schools and churches.

In most American communities, there is a great interest in working to bring about greater stability in family life, and many agencies are working toward that goal. However, usually there is a serious need for coordination of these efforts. Other communities may well follow the lead of San Francisco, which (with an initial grant from the Rosenberg Foundation) is among the first, if not the first, city in our country to set up a Clearing Service for all community agencies interested in improving family life.

SAN DIEGO'S FAMILY FAIR

A Project to Promote Better Families

by G. Gage Wetherill, M.D.

Commercial advertising has raised the "threshold of appeal" for the average person to a level which requires similar fanfare for any subject seeking public attention and participation. Take such a program as strengthening family life, for example. How can it be presented to the people so as to appear as important and desirable for everyday use as the foods, beauty aids and household labor-saving devices so widely advertised?

In San Diego, Calif., the County Coordinating Council in 1949 decided that one answer to this question might lie in a "Family Fair" along the lines of the traditional County Fair, with all the ballyhoo and color associated with such an event. At the close of that first Family Fair, when Director Kenneth S. Beam reported an attendance of 10,000 people, the Council knew it had hit on something good, and immediately scheduled a second Family Fair for 1950, which attracted 13,500. As this is written, plans are in process for 1951, and the Fair looks like an annual event from now on.

Objectives of the Family Fair

For many years, the Council had participated in annual conferences dealing with family relations, family records, youth welfare and conferences conducted for youth by youth. These conferences became so multiple that their planning required much time and duplicated effort. Moreover, they appealed only to a limited group . . . usually the professional workers rather than the mothers and fathers and boys and girls themselves.

The Family Fair was designed to combine all these conferences into one great effort to attract both workers and families, and especially to bring in the people who would benefit most. Broadly speaking, the objective of the Fair is to strengthen family life

- By acquainting as many people as possible with the agencies, organizations and institutions working to maintain wholesome family life.
- By making available the latest and best information on practical measures to be taken by individual families to promote family health, well-being and happiness.



Where to go first?

The Fair Program

For its general theme, the 1950 Family Fair chose "Family Life at the Midcentury," and the work exhibits presented by community agencies emphasized this angle. The two-day program ran from 10 a.m. to 10 p.m. on Saturday, May 13, and from 1 p.m. to 6 p.m. on Sunday, May 14.

As one entered the 90' x 180' hall in the Conference Building at Balboa Park, nothing was lacking in the way of carnival appeal. The place was alive with activity. There were music, bright lights, color, people busy in a variety of ways. Together they presented especially the challenge we used to have when we went to the County Fair . . . where to go first?

Walking through the aisles formed by the 70 booths of interesting exhibits and demonstrations, one could have his hearing tested by an audiometer, select a variety of attractive health pamphlets and leaflets, see a demonstration of Braille reading and writing, or compare early family life in San Diego with that of the present day. These exhibits, which formed the heart of the Fair, told in many ways the story of how community agencies contribute to family living, and were found to attract more interest than other program features such as lectures and conferences.

Of special interest was the large exhibit shared by the Jewish, Catholic and Protestant faiths to show the importance of religion in family life, at the same time demonstrating how religious groups can work together for the common good.

The 70 exhibits, from 60 organizations, represented the following fields of work:

Child and youth-serving	16
Education	13
Health	11
Family service	7
Religion	5
Community organization	4
Law enforcement	4

Borrowing ideas from the commercial world, the exhibits were supplemented by music, dancing, movies and other "action" attention-getters.

Band concerts were scheduled throughout the day. Six free educational movies were being shown continuously. Other attractions included first-aid demonstrations by Boy Scouts, safety services and home nursing, puppeteers presenting a play, "Family Crises," in the puppet theater, American Youth Hostel bicycle parade, square dancing, a modern dance concert by college students, Mexican and Spanish dances, Hawaiian dances, folk dances, fencing demonstrations, a hobbies exhibit, a chimes recital, one-act plays, family sings, and community singing.

At the first Fair, free refreshments were served by the ladies of the Jewish, Catholic and Protestant churches, but since they prepared for 2,000 people over a period of two hours, and were swamped by over 2,600 the first 45 minutes, they did not attempt this the second year.

The Saturday evening session opened with the singing of the "Star-Spangled Banner," pledge of allegiance to the flag, invocation and a word of welcome.

Imagine, all this for the family . . . and free!

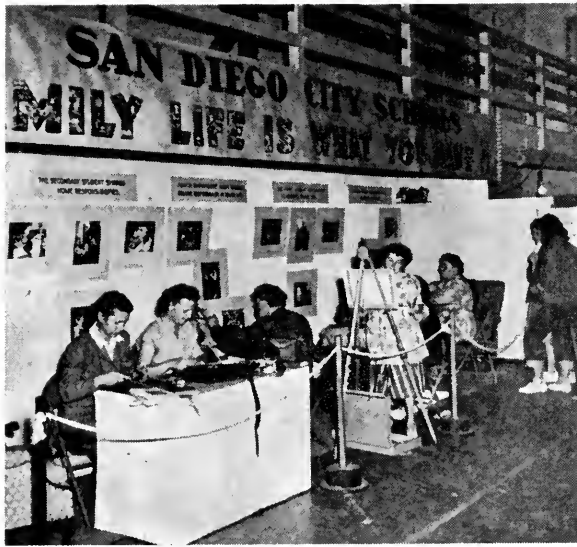
Who Goes to the Family Fair?

Children—because of the action in the demonstrations and on the stage, the music, dancing (by children), the "One-Girl Band," the puppet shows, movies and so many other things going on all at once.

Youth—because of the 13 exhibits of the youth organizations and young people actually at work or on hand to explain the activities; the demonstrations in the booths and on the central stage; and for older youth, two impressive exhibits by San Diego State College.

Parents—because of the opportunity to learn much and to ask questions regarding family health, child care, youth welfare and family relations; to see the latest movies on these subjects; and to obtain up-to-date literature.

PERIODICAL DEPT.



Music, bright lights, color, people busy in a variety of ways.

New Arrivals—because of the information on recreational opportunities for the elderly (community welfare exhibit), the exhibits by the Historical Society and the opportunity to meet people from one's home state through the registration by states. Everyone was invited to register in a "State Book" indicating from which state he came to California. Every state was represented but one.

Community Leaders—because even the best informed could learn much regarding the services of many voluntary and official agencies. In two hours one could accumulate information it would ordinarily require months to assemble.

Some Fair Mechanics

The city provided the buildings and printed programs. The County Board of Supervisors provided and erected display booths for the 70 exhibits supplied by community agencies. Voting booths (12 feet wide, six feet deep and six feet high) met the requirements adequately and inexpensively.

A number of business firms provided materials and professional assistance. The promotional campaign was financed by a special projects committee and by donations from various organizations. Several hundred interested individuals donated their time and services.

Costs

The first Family Fair, attended by 10,000 people, cost \$10,016. The second Family Fair with an attendance of 13,500 people cost

\$1,394. The chief items of expense were printing (an attractive program was given to each visitor), publicity, corrugated fireproof paper for exhibits, labor to set up and dismantle booths, transportation, etc.

In addition to these overall items, 48 exhibitors using 61 booths or rooms reported expenses totaling \$1,386, an average of \$22.73 per exhibit.

Admission was free not only to the exhibits, but to all motion pictures and entertainment.

Plans for the Third Family Fair in 1951

A review of the program last year leads one to the opinion that since the event is called a Family Fair, greater emphasis should be placed upon family activities than upon the functions of community agencies. Therefore, in 1951 the agencies will be grouped on a functional basis as they contribute to family living in the following fields, with the organizations working together in coordination and planning:

- Family health (including nutrition)—Health Division of the Community Welfare Council
- Family activities (hobbies, recreation)—City Recreation Department
- Education for family life—city and county schools, San Diego State College
- Youth organizations—Youth Service Division of the Community Welfare Council
- Family religion—Council of Churches, Catholic churches, Jewish synagogues
- Solving family problems—Family and Child Welfare Division of the Community Welfare Council

Four conference sessions were held as part of the first Family Fair, but the interest in the exhibits and entertainment so far outran the conferences that it was decided not to try to combine the two in the future. It is possible that a few outstanding speakers will be invited in 1951, but they must be exceptional to compete with other attractions.

The 1951 dates (the first week of May) are planned to overlap with those of the state convention of the California Congress of Parents and Teachers so that the parent-community leaders from over the state may visit the Fair. Other communities may then take up the

idea of their own Family Fairs. It is reported that those responsible for the State Fair at Sacramento are seriously considering incorporating the Family Fair idea in their Fair this year.

Some Conclusions

Summing up, it may be said that the Family Fair does for families what the County and State Fairs do for farmers. As these events help to improve farming, the Family Fair promotes better families. Family improvement may not as yet have caught up with hog and cattle improvement, but we're on our way. The family is being re-discovered and recognized.

Perhaps the instability of world affairs is forcing us back to fundamentals for security. At any rate, there are indications that the family is beginning to regain its social importance of the past. Its strengths and weaknesses are being revealed anew, its values exposed.

It is good that the family is in for re-emphasis. Such projects as San Diego's Family Fair can help the family adapt and re-adapt as the way of life changes.

How about a Family Fair for your community?

BRAND NEW PUBLICATIONS!

A-816 In Defense of the Nation.

ASHA's annual report of problems and accomplishments in 1950. Free.

A-817 Let's Tell the Whole Story about Sex.

The speech and four scripts by Edward B. Lyman which attracted so much attention in the January Journal. 25¢ each; \$2.50 per dozen; \$20.00 per 100.

A-818 That Baby You Love.

Appealing folder to stimulate prenatal blood tests. For the use of Negro groups. 5¢ each; \$3.50 per 100; \$15 per 1,000.

BACK IN STOCK!

A-639 Human Relations Education.

A 1951 revision of the San Diego schools' popular outline for the teaching of family life units. 75p. 50¢ each.

THE BIRTH MODELS

R. L. Dickinson's Monument

Some personal notes by
Bruno Gebhard, M.D.

"The Woman as Wife and Mother" was the first special exhibit I worked out for showing in Vienna in the spring of 1928. This was part of a large traveling exhibit which the German Hygiene Museum showed in the main capitals of Europe. The president of the Austrian Republic thought so much of the exhibit that I was awarded the Orden II. Klasse des Oesterreichischen Roten Kreuzes. That was quite an honor for a young man 27 years old who had just been married and to whom the days of a delayed honeymoon in the cherry blossom-dotted villages of the Danube valley were heaven on earth.

Nearly 20 years later a much greater honor was given me. On February 13, 1945, a letter marked "Personal and Confidential" was on my desk. The first three lines gave me one of those wonderful feelings which happen perhaps only once a year:

"Dear Dr. Gebhard:

I wish I could have a heart-to-heart talk with you, for I esteem you my wisest counselor. The matter in question is the disposition of my models."

The following two paragraphs carried some typical Dickinson critical comments on persons and institutions in New York and Chicago, and the closing paragraph read:

"Lest a man of 84 suddenly die—however well at present—I am considering a codicil to my will, leaving the models to one of the museums unless otherwise disposed of. Will you be East anytime in the near future?"

Yours heartily,

Robert L. Dickinson, M. D."

We at the Cleveland Health Museum are proud that we acquired the 100 Dickinson sculptured models of human reproduction in 1945. We also received the sole right for manufacturing and distributing these models, which were first shown at the New York World's Fair in 1938-39 under the sponsorship of the Maternity Center Association.

From a personal standpoint, I feel that the privilege of exhibiting the models adds great satisfaction to the career I began with the showing of "The Woman as Wife and Mother" in Vienna over 20 years ago.

"The Rodin of Obstetrics"

Dickinson had been his own master illustrator for nearly 40 years, but he was so much aware of the advantage of the three-dimensional teaching that at the age of 78 he became the "Rodin of Obstetrics." His long-standing friendship with Malvina Hoffmann, sculptor of the "Races of Mankind" in the Chicago Museum of Natural History (Field Museum), was a great stimulant, and Abram Belskie became Dickinson's co-worker.

Dr. Dickinson started to make the birth models in order to teach students how to sew up a tear, how to deliver a baby with instruments, how "to take just four minutes to bring out the baby coming feet first," and many of the models are for professional use only.

Films and television are the fashion of the day in medical education, but there are some things only models can teach. Allan Barnes, professor of obstetrics at Ohio State University, testifies: "In my experience, no two-dimension teaching aids or mechanical models equal in instructional value these full-scale sculptures depicting the process from the beginning of labor to the delivery of the shoulders. The motion picture can adequately record the external phenomenon of delivery—restitution, external rotation, delivery of the body—but what the baby is doing before it comes within the range of the camera lens (or the obstetrician's eye) can be visualized only by serial sagittal sections such as these. It is to this group of models that the students, both in medicine and in nursing, return most often for study. As far as the acceptance of the (duplicate) models by the student goes, that has been excellent . . . With reference to the durability and condition of the composition, we have given them quite a beating while transferring them from classroom to classroom and building to building and have even sent them over to a nearby high school. Through all this, we lost the toes of one of the babies."

Medical schools in the United States and Canada are using duplicates of the Dickinson models, and with the use of plastic materials the models have become more lifelike. The same is true of those countries where the nurse-midwife is taking care of the majority of deliveries. It was my pleasure last summer to address a meeting of the Royal College of Midwives at St. Guy's Hospital in London. The response was more than enthusiastic.

Abram Belskie
and Dr. Dickinson
work with
one of the
birth models.



In the so-called “undeveloped” areas of the world, these models will prove an immeasurable aid in mass training, inasmuch as pregnancy and parturition know no racial differences or national boundaries.

Many of the Dickinson models have a hidden kind of humor which will reveal itself only to the careful observer. Visitors who themselves are twins look with delight at the models demonstrating fraternal and identical twins, arranged Pullman style, in upper and lower berths, the posture of the three sets illustrating the old adage of “see, speak, hear no evil.” There is also the circular plaque labeled “Birth Prelude” which shows the stages of the embryo from the first to the 10th month where the largest embryo is reclining a la Empress Josephine on a placenta while balancing a three-month-old embryo in its hand.

Dickinson was a book lover, and the rare book collection of the New York Academy of Medicine is the best witness of this. It was natural for him to design book-plates for his many friends, and his “Birth Rest” bookends have become welcome gifts to physicians from their thankful patients and friends. One bookend is solid, the embryo propped up against a pelvis, and the other is in three parts, to be used as a desk model. The baby can be passed through the pelvis to demonstrate delivery.

Since we acquired the models in 1945, duplicates have been used mainly for family life education. At the time of the opening of our museum, we had the famous “Birth Series” on display. Dr. Richard Bolt, at that time director of the Cleveland Child Health Association, had secured a grant from Congresswoman Frances P. Bolton, and had started to add classes for the so-called expectant fathers to those already established for expectant mothers.



"You'll never
guess what we
did today!"

In New York City, the Maternity Center Association was the pioneering organization in this field, and the "Birth Atlas" has become one of the widely used visual teaching aids.

The Clara Elizabeth Fund for Maternal Health at Flint, Mich., under David Treat, has year by year increased its activities in introducing family life classes into high schools. The Dickinson models are the backbone of the classes.

Smaller schools which cannot afford to use duplicate models are taking advantage of filmstrips, lantern slides and kodachrome slides produced in the museum's workshop. Here is what one girl wrote to another:

"Hi, Doie!

You'll never guess what we did today. I was about to enter 151 when Edna dragged me up, all the way up to 304. When I got up there I was just about exhausted and I had to sit behind Jo Ann and you know how big and tall she is. Dorothy started the slide machine.

Goodness, Doie, you never saw such interesting slides. They showed everything you could imagine. They showed a picture of the modern man and woman. Miss mentioned how well developed they were, and they were usually tall, medium weight with good posture. It also showed pictures of the uterus at normal size, then how it stretched as the pregnant woman became bigger and how it shrunk to normal size again. Next it showed how the baby was situated while developing, then it showed the situation of twins, triplets and quintuplets.

What came next I never thought could happen. It showed the baby leaving the mother's body. Imagine a big, say 7 lb. baby, coming out of the little vagina. Then it showed the after-birth.

Well, so long, Doie! I sure hope you can see those slides.

Nancy"

Since the arrival of "Juno," the talking transparent woman, at the museum, there has been quite increased interest in our exhibits, "The Wonders of New Life," where the main models of the Dickinson collection are displayed. We have no age limit for our visitors. We prefer that children come with their parents, but very often children do come by themselves. We cannot imagine that any harm can be done this way. Children are usually more grown up than their parents like to admit. The old saying of a Danish social hygiene educator is still true: "Better let them know a year too early than a day too late."

During our first 10 years it has been quite rewarding to see the models accepted by schools, including the parochial schools, and even more significant, by the Amish people in Ohio. An increasing number of elementary children who have been properly prepared by their classroom teachers and who have the approval of their parents, use these models.

The blind study the
models with their
gentle hands.



Here are some testimonials from student reports written after a visit to the museum:

● "What interested me most was when you told us about the babies because I have been wanting to know about them. I didn't ask my mother and father about it because I knew they would say I was too young to know about it." (5th grader).

● "When you can actually see the things you are studying it makes a much clearer picture in your mind and also you are not apt to forget." (11th grader).

● "It is wonderful also that the 7th graders will be taught certain problems for it is at that age when they need help and if they weren't too close to their parents before they will get farther from them when they are afraid to ask about personal problems, and then resort to the advice of their friends of the same age." (12th grader).

Some of the latest creations of the Dickinson-Belskie team were "Norma" and "Norman." Harry L. Shapiro, in "Americans, Yesterday, Today, Tomorrow," has given in an entertaining way a scientific appreciation of the average American girl, 18 years old, and her 20-year-old boy friend. Norma is modeled from the recent measurements of 15,000 women from many parts of the United States and from various walks of life. Her measurements and also those of "Juno" are on display at the museum.

	<i>Norma</i>	<i>Juno</i>	<i>Venus</i>
Height	63½"	67¼"	64"
Bust	35½"	37¾"	38"
Waist	29"	31½"	31½"
Hips	39"	38½"	40⅘"

A contest, "The Search for the Living Norma," was conducted in 1945 by the Cleveland *Plain Dealer*. There were 3,863 women of all ages competing for this honor.

We are told again and again that we live in the age of science. We are likely to forget that medicine is not only science but also art. Robert L. Dickinson combined both in his person.

He was first and always a physician, which means a healer, and a doctor in its original sense, a teacher. He started work very young. He had to wait three months before he was allowed to practice medicine after passing his State Medical Board examination before he was 21 years old.

His life was not short. His artwork will be of great benefit to future generations all over the world.

DOES THE VD PAMPHLET EDUCATE?

by Beatrice G. Konheim
and Dorothy Neuhoef Naiman

The teaching of hygiene in a large urban college should provide an excellent opportunity for family health education. In order to include the family in our sphere of influence, we have long made it a practice to give our students popular health pamphlets dealing with topics discussed in the classroom, hoping in this way to raise the level of health information of their parents. In an attempt to determine the effectiveness of such distribution, a study involving eight health topics, of which venereal disease was one, was undertaken. The method used was to test parent-subjects before and after a three and one-half months period during which health literature was distributed to an experimental but not to a control group.

Free pamphlets on eight health topics (listed in Table 1) were secured from private and public health agencies and insurance companies. "Questions and Answers about Syphilis and Gonorrhea," published by the American Social Hygiene Association, was the pamphlet used as the source of venereal disease information. Fifty multiple-choice questions were formulated from facts specifically stated in the pamphlets. This series of questions was administered to all subjects under controlled conditions. The subjects were given every reason to believe that this test constituted the total experiment.

In the ensuing three and a half months, however, the experimental subjects received the eight pamphlets at approximately weekly intervals, delivered to one part of the group by mail, to the other by their daughters. At the end of this period, all subjects, control as well as experimental, were retested on the same series of questions.

The following data give some indication of the type of population with which we were dealing: 57% were females; 75% had been

* Prepared in cooperation with the Bureau of Public Health Education and the Bureau of Records and Statistics of the New York City Department of Health.

** This study was made possible by grants from the Nora and Abbie (Nooney) Scholarship Fund of Hunter College. We are also indebted to the Bureau of Social Research, Columbia University, and the Health Council of Greater New York for their assistance.

*** Konheim, Beatrice G. and Naiman, Dorothy N.: Free Health Literature—How effective is it? Research Quarterly, American Association for Health, Physical Education and Recreation. In press.

educated in English-speaking countries; 32% had had at least some college education and 44% at least some high school; in addition to the 43% who listed "housewife" as the present occupation, 20% were in professional and other upper white-collar occupations and the remaining 37% were classified as lower white-collar, semi-skilled and unskilled workers.

This population was divided into an experimental group of 165 whose daughters were enrolled in a hygiene course prescribed for freshmen, and a control group of 77 parents of freshmen who had not taken hygiene as yet. There was no statistically significant* difference between the experimental and control groups on the basis of sex, education or score on the initial test.

Results

Table 1 presents data relative to the information level of the entire population as shown by the preliminary test.

Although the series of questions on the several topics could not be equated, an effort was made to keep them of comparable caliber. It is therefore of interest to note from Table 1 that on only two topics, mental illness and venereal disease, was there an average topic score of less than 38% right answers.

TABLE I
Results on preliminary test

Topics	Average percentage of correct answers on each topic		
	Total group	Men	Women
Rheumatic fever	64.4	58.8	70.0
Nutrition	59.0	52.7	65.3
Tuberculosis	56.7	55.3	58.2
Cancer	51.4	50.5	52.3
Diabetes	50.3	45.7	55.0
Heart disease	44.7	43.3	46.0
Venereal disease	37.4	40.6	35.4
Mental health	34.9	36.0	33.8

Note 1. 59% of the entire group of 242 subjects gave correct answers to 25 or more questions on the first test.

Note 2. Average number of correct answers out of the total 50 were:

Total group	25.7
Men	24.1
Women	27.2

* The level of significance used throughout this paper is $p < 1\%$ unless otherwise stated.

The specific information and misinformation about syphilis and gonorrhea revealed on the initial test may be gleaned from Table 2.

It will be noted that there was only one question (number 8) in which there was a statistically significant difference between men and women in initial knowledge, and two (numbers 26 and 34) in which educational status proved a significant factor.

TABLE 2
Answers on venereal disease questions at preliminary test

Statement of question		Percentage of subjects selecting each choice (correct choice indicated by underlined figures)				
		Total	Male	Female	Education ‡	
					High	Low
No. 4 Syphilis sores will	disappear only when treated	67.5	62.0	71.0	66.0	69.0
	disappear with or without treatment	<u>6.6</u>	<u>9.6</u>	<u>4.3</u>	<u>8.4</u>	<u>2.6</u>
	remain about a year if untreated	2.0	3.9	0.7	1.8	2.6
	don't know	24.0	24.0	24.0	23.0	25.0
No. 8 The germs causing venereal disease are very resistant to	disinfectants	22.0	21.0	23.0	24.0	18.6
	die quickly outside the body	<u>17.0</u>	<u>25.0*</u>	<u>11.5*</u>	<u>18.0</u>	<u>16.0</u>
	live for long periods of time outside the body	17.7	15.5	19.0	18.0	17.0
	don't know	42.5	38.0	46.0	40.0	48.0
No. 10 If a syphilis sore develops on the body it	is always noticed by the patient	33.5	32.0	34.0	34.0	32.0
	may escape notice...	<u>31.8</u>	<u>35.0</u>	<u>29.0</u>	<u>35.0</u>	<u>24.0</u>
	can be seen only with special instruments	6.6	7.8	5.7	5.4	9.3
	don't know	28.0	25.0	30.0	25.0	34.0
No. 26 Gonorrhea and syphilis are different stages of the same disease	always present together	19.0	12.6	23.8	18.0	21.0
	in a patient	2.0	1.9	2.1	0.6	5.3
	entirely different diseases	<u>65.0</u>	<u>72.0</u>	<u>60.0</u>	<u>73.0*</u>	<u>48.0*</u>
	don't know	<u>13.6</u>	<u>13.6</u>	<u>13.6</u>	<u>8.4</u>	<u>25.0</u>
No. 34 Syphilis is usually spread from person to person through	direct contact	<u>60.5</u>	<u>70.0</u>	<u>54.0</u>	<u>68.0*</u>	<u>44.0*</u>
	instruments used in barber and beauty shops	2.0	4.8	0.0	0.6	5.3
	toilets	39.8	18.5	38.0	23.0	44.0
	don't know	7.4	6.8	7.9	7.8	6.6

Statement of question	Percentage of subjects selecting each choice (correct choice indicated by underlined figures)				
	Total	Male	Female	Education ‡	
				High	Low
No. 43 Untreated gonorrhea is frequently a cause of					
insanity	18.6	14.0	21.6	21.0	13.0
paralysis	13.6	18.5	10.0	13.8	13.0
inability to bear children	<u>35.0</u>	<u>34.0</u>	<u>37.0</u>	<u>36.0</u>	<u>34.6</u>
don't know	<u>32.0</u>	<u>33.0</u>	<u>31.6</u>	<u>29.0</u>	<u>40.0</u>
No. 46 A child may have syphilis because					
the germs pass from mother to her unborn child	<u>46.0</u>	<u>39.0</u>	<u>52.0</u>	<u>43.0</u>	<u>53.0</u>
the germ enters the body during the process of birth	<u>11.5</u>	<u>13.6</u>	<u>10.0</u>	<u>14.0</u>	<u>5.3</u>
it is inherited	23.0	25.0	21.6	24.6	20.0
don't know	19.0	12.6	16.5	18.0	21.0
Average of right answers	37.4	40.6	35.4	40.0	31.7

* The probability that the difference between these two figures is due to chance is less than 1%.

‡ High education: at least some high school.

Low education: no formal education beyond grade school.

The health educator is always eager to learn how much of the literature he distributes is read and how many facts are learned from it. Since at the time of the second test each subject of the experimental group was asked to note which of the eight pamphlets sent him he had read, an approximate answer to the first of these questions was obtained (see Table 3). The data also present some answers to the question, "What facts were learned during the course of this experiment?"

In view of the fact that only the pamphlets on venereal disease and tuberculosis were read by fewer than one-third of the experimental group, it may be of interest to record that several students noted resistance when they tried to give the pamphlet on venereal disease to their parents, particularly their fathers. Although the eight pamphlets were not of equal appeal, in our opinion the one on venereal disease was by no means the least attractive.

It will be noted from Table 3 that a statistically significant increase in score was achieved by the experimental group on the questionnaire as a whole. The control group showed no increase whatsoever. When the increased score of the experimental group was analyzed by sex, it was found that the women, who recorded reading much more of the literature than did the men, had achieved a significant increase in score whereas the men had not.

TABLE 3
Changes in score between first and second test*

Topics	Experimental group			Control group	
	Percentage who read pamphlets	Percentage of increase in right answers on each topic	p ‡	Percentage of increase in right answers on each topic	p ‡
Venereal disease	28.0	8.7	<1%	0.8	>5%
Heart disease	33.3	6.7	<1%	2.0	>5%
Diabetes	49.6	8.0	<1%	2.6	>5%
Mental health	38.8	3.5	>5%	0.6	>5%
Rheumatic fever	37.5	3.4	>5%	-3.0	>5%
Cancer	45.5	1.5	>5%	1.0	>5%
Tuberculosis	29.0	1.3	>5%	-0.7	>5%
Nutrition	35.0	1.8	>5%	-0.5	>5%

* Mean score change on the total questionnaire was as follows:

Experimental group	1.93 questions	p <1%
Control group	-0.16 questions	p >5%

‡ p refers to mean change in score on each topic.

It may also be observed that while significant score changes were made by the experimental group in three of the topics, the greatest percentage increase in right answers occurred in the case of venereal disease. In no instance was a significant increase in score made by the controls.

Table 4 presents an analysis of the changes in score made by both groups of subjects on the venereal disease series of questions.

TABLE 4
Change in score on venereal disease
questions on first and second questionnaire

Question number *	Experimental group						Control group (77)	
	Total (165)			Education				
				High (120)		Low (45)		
	Increase in numbers of right answers	p	Increase in numbers of right answers	p	Increase in numbers of right answers	p	Increase in numbers of right answers	p
4	21	<1	17	<1	4	<5	4	>5
8	17	<1	13	<1	4	>5	-3	>5
10	22	<1	17	<1	5	>5	-2	>5
26	1	>5	2	>5	-1	>5	6	>5
34	21	<1	14	<1	7	<5	4	>5
43	-2	>5	-2	>5	0	>5	-6	>5
46	17	<1	16	<1	1	>5	0	>5

* For question content, see Table 2.

It is of particular interest to note that the experimental subjects exhibited a statistically significant increase in knowledge about five of the seven facts treated by the venereal disease questions. The data indicate that the level of knowledge of the more highly educated subjects was raised to a considerably greater extent than that of the less educated.

An attempt was made to determine whether there was any demonstrable difference between the experimental and control groups in their memory of other educational influences operative during the period between the initial and terminal administrations of the test. In order to elicit this information, the subjects were asked specifically about such possible media as radio, press, lectures, etc., in the case of each topic under consideration.

The experimental group recorded a considerably larger total number of such contacts with sources of information about venereal disease than the controls. The difference in recorded number of contacts between the two groups had a chance probability of less than 1%. This is of particular interest in view of the fact that there had been an intensive community-wide venereal disease campaign during the time of the experiment.

Discussion

The ultimate aim of any health education project is the translation of the knowledge gained into desirable attitudes and behavior. It is therefore the hope of the present investigators that any increase in factual information resulting from this study might be reflected in an improvement in health habits. The first step in such a campaign must be the transmission of information in a utilizable form.

Despite the fact that only 28% of the experimental group recorded reading the venereal disease pamphlet, the group as a whole achieved significant increases in score on five of the seven questions as well as on the entire series of questions about venereal disease. One may conclude, therefore, that some of the knowledge in the pamphlet is transferable to subjects who read it.

It should be noted that the more highly educated subjects (i.e., those who had had at least some high school education) achieved significant gains on four of the seven questions, whereas the less educated achieved no such highly significant gains. This suggests that this particular pamphlet is more useful for the more highly educated segment of the population, for whom it was in all likelihood designed.

Whether the observed increase in factual information would lead, for example, to a greater willingness to seek early medical attention

could not be determined under the conditions of this study. However, the finding of Wright, Sheps and Gifford * that veterans who had received venereal disease education during their Army training reported for diagnosis and treatment earlier than comparable non-veterans lends hope that the acquisition of information under the present conditions might have similar results.

Another objective of education is the awakening of interest in the subject matter and the production of a heightened awareness to other sources of information. It was gratifying to note that the members of the experimental group had been alerted to other sources, since they recalled a significantly larger number of such contacts. To what extent the observed increase in factual knowledge was directly due to information contained in the pamphlet and how much was attributable to other media in the environment is not known. It would appear, however, that the pamphlet itself acted as the primary source, both directly and indirectly.

Summary

A pamphlet on syphilis and gonorrhea was distributed to 165 parents of college students. Two months after its receipt, these experimental subjects achieved a significantly higher score on questions based upon the information it contained. A control group of 77 parents pre-tested and post-tested with the experimental group showed no increased knowledge of these facts.

* Wright, John J., Sheps, Cecil G., and Gifford, Alice. Reports of the North Carolina Syphilis Studies: IV. *Journal of Venereal Disease Information*, Vol. 31, pp. 125-33 (May, 1950).

HAVE YOU . . .

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WORLD HEALTH AND TREPONEMATOSES

by Thorstein Guthe, M.D., M.P.H.

It is an unusual privilege for me to speak to such a distinguished forum of expert colleagues and specialists in the field of syphilis. Fournier's classical studies and those of Levaditi, Cougerot and other members of the distinguished French school of syphilologists have for decades contributed greatly to our basic knowledge of syphilis and have brought international reputation to French medicine. The international emphasis placed on the present symposium on syphilis, arranged by the French Health Administration in collaboration with the World Health Organization, is therefore most befitting, particularly since it has also been our privilege to obtain the assistance of colleagues and co-workers from the Americas, where new and stimulating approaches to the problem of syphilis control have originated in the last few years.

While it is our duty as physicians, investigators, workers and administrators in the disciplines constituting venereal disease control to look to the future and to the test of time for new methods to assume their rightful place in medical history, this type of international symposium in Paris, and the recent one in Helsinki, represent ways in which WHO believes that fruitful collaboration can be fostered among experts from many countries to take stock of the present situation. This gathering of highly qualified workers from 19 European countries testifies to the value attached to the free exchange of scientific information and represents a new course for research and study, the result of which WHO will watch with interest in the future.

Today syphilis is no longer a "shameful" disease. Many socially and economically developed countries are now classifying syphilis among the communicable diseases attaching little or no stigma to the mode of transmission usually recognized in western civilization. This was not so 20 to 30 years ago.

But outside Europe, North America and Australia, there are millions of peoples where a concept of syphilis as a "shameful" disease has never been recognized, where it is indeed often not associated with sexual behavior. In these areas, the acceptance and concept of syphilis remains truly an ordinary communicable disease spread by

Opening address at the International Symposium on Syphilis in Paris September 25-October 3, 1950.

direct contact, by common utensils, the common drinking cup or eating trough.

The mode of spread of the other members of the treponema family, yaws, pinta, bejel and similar "endemic" syphilitic diseases are non-venereal. In less developed areas, the treponemal diseases as a group are highly prevalent. Here lies the real problem. Considered from a global viewpoint, work in these areas must be further stimulated in the Middle East, Africa, southeast Asia, the western Pacific and South America.

It should be recognized that the incidence of early syphilitic infections alone in these areas may vary from five to 20 new cases per 1,000 inhabitants a year, and the prevalence of unclassified and latent disease may be as high as 30 to 50% on the basis of serological sampling. Furthermore, in recognizing that the prevalence of yaws in some of these areas is as high as 15 to 20% in the large population groups, such as in Indonesia and Haiti, one cannot escape the conclusion that here we find very real health problems.

How can we as physicians and collaborators in the field of health attack this problem? Surely not by visualizing some approach by mass immunization or vaccination in the unforeseeable future on the basis of the hypothesis that we shall be able to cultivate these treponemes, as has been suggested from certain quarters. However fascinating this speculation, we must use present knowledge and methods for treponematoses control in each country, whenever desirable stimulated by such support as can be given by international governmental and non-governmental organizations.

One of the objectives of the World Health Organization is "to stimulate and advance work for the control of epidemic, endemic and other diseases." In three world health assemblies convened by the 75 member nations of the organization, the justification for an active international contribution to the combating of venereal diseases and treponematoses has been emphasized by health workers. Particular stress has been placed on the damage to health of infants and the toll of all ages taken by the treponemal diseases of syphilis, yaws, pinta and bejel.

The need has been stressed for the introduction of modern methods, wherever social and economic development has been lagging. A whole series of discoveries and critical evaluations of old principles and methods in venereal disease and treponematoses control has taken place in France, Britain, the United States, the Scandinavian and other countries in recent years. These developments have given us opportunities for the future. Defensive health measures have been abandoned in favor of a more aggressive approach.



WHO team in
India treats a
patient.

The most significant development was the advent of penicillin preparations and cardiolipin antigens. The common vulnerability to penicillin of *treponema pallidum*, *treponema partenne*, the *treponemes* of bejel and pinta, the introduction of abbreviated treatments based on repository penicillin preparations have emphasized our potential to sever effectively the infectious cycle of *treponemes* in an epidemiologically significant manner on a mass basis. Carefully observed programs in India, Yugoslavia, Indonesia and elsewhere, supported by the World Health Organization and the UN International Children's Emergency Fund, testify to this effect. The absence of important evidence of penicillin resistance in the *treponemes* up to the present time underlines further the usefulness of present-day methods for *treponematoses* control.

Role of the World Health Organization

With this outlook, it has been the privilege of the World Health Organization to "stimulate and advance" *treponematoses* work on a large scale in different regions of the world.

Earlier in this address I had occasion to refer to the specific scientific aspects of this approach, which relate to the organization this year of the two international symposia on syphilis in the European area by the Health Administrations of France and Finland. However, you may wish to know a little more about the actual ways in which WHO and the UN Children's Emergency Fund are stimulating campaigns against *treponemal* diseases in other regions of the

world. These activities can perhaps be summarized in the following way:

Fellowships and Training Courses

Postgraduate fellowships and travel grants were awarded by the World Health Organization to nationals of a great number of countries in 1949 and 1950 for the study of the various disciplines of venereal disease control and treponematoses work. In 1949, 32 such fellowships were awarded in venereology, laboratory and other aspects.

WHO has been glad to note that among these there were several outstanding French workers who spent several months in the United States, the United Kingdom and other countries under the auspices of the French Health Administration. Many fellows have also come to France to study. The participation by France in the International Syphilis Study Commission to the United States was welcomed by the World Health Organization last year.

Training courses comprising from 10 to 15 laboratory workers at a time were organized at laboratory centers in Guatemala, Venezuela and India in 1949, and further courses are under way in 1950 and 1951 in Brazil, Thailand, Afghanistan and other countries through the cooperation of the health authorities in these countries with the WHO regional offices in the respective regions.

Advisory Services

At the request of health administrations, venereal disease control and treponematoses demonstration projects have been launched on a national scale with the support of WHO and UNICEF in Indonesia and Thailand in the Far East and in Haiti in the western hemisphere.

A large-scale bejel project is shortly getting under way in Iraq in the eastern Mediterranean area. In Indonesia and Haiti, some 150,000 cases of yaws had come under treatment up to and including September, 1950. In Indonesia, a number of native teams are operating to cover an area with several million people with an estimated 400,000 cases of yaws in the next two years. With emphasis on syphilis in pregnant women and children, venereal disease control programs are, or will shortly be under way in Egypt, Burma and India.

WHO furnishes a nucleus of international advisers for these projects, the international personnel being withdrawn following an initial "demonstration" period of a year or more so as to insure the carrying forward of these programs by the health administrations concerned. UNICEF in many instances furnishes basic supplies and equipment in this initial period, valued at several million dollars.

WHO and venereal disease treponematoses advisers are attached to the regional offices of the World Health Organization in Europe, the eastern Mediterranean, southeast Asia and the western hemisphere to insure coordination of the work.

WHO Expert Committees and Research

To advise the World Health Organization, an expert committee on venereal infections and treponematoses has been established. Three sessions have been held by this committee. A special subcommittee on serology and laboratory aspects has also been constituted. The reports of these committees, which have guided the development of the WHO program, are available to the participants of this symposium.

WHO has been privileged to be guided by the wisdom of the elected chairman of the main expert committee, Dr. John Mahoney, who is known to all of us as the original discoverer of penicillin as an effective treponemicidal antibiotic in syphilis in 1943.

Recent scientific advances, notably the identification of treponemal antibodies and the immobilization technique of Turner and Nelson, permit substantial quantities of relatively pure treponemata to be isolated for the study of the biological and immunological relationships between the causative agent of sporadic and endemic syphilis, yaws, bejel and pinta in men and animals. The opportunity has arisen with the several treponematoses projects in various parts of the world for a comparative study of the treponema relationships, aiming at a contribution to our knowledge on, the definition of the nature of, treponemal diseases as a group. This international treponematoses study was started in 1950 under the guidance of the expert committees. A central guiding laboratory has been selected to carry this research forward, the department of bacteriology of the Johns Hopkins School of Hygiene and Public Health under the leadership of Dr. T. Turner.

Other laboratory activities for the evaluation and standardization of sero-tests in syphilis are under way, aiming at the organization of an international serodiagnostic laboratory conference in 1951, patterned on the laboratory conferences of the health section of the League of Nations.

Permit me finally to say how much the staff of the venereal disease and treponematoses section of WHO has appreciated the privilege of assisting in this symposium. I hope that the scientific discussions over the next two weeks will move forward in the spirit of international collaboration to which all individual workers here gathered are able to contribute so much. This is the type of collaboration and free exchange of scientific information which we need in our troubled times.

BOOK NOTES

The Challenge of Delinquency, by Negley K. Teeters and John O. Reinemann. New York, Prentice-Hall, Inc., 1950. 319p. \$7.35.

Dr. Teeters, professor of sociology at Temple University, and Dr. Reinemann, Philadelphia probation director, make an effective combination in authoring this college textbook on the causes and control of delinquency as a national problem.

Part one covers the scope of the problem: the confusion about definition, causes and prevalence; a history of concepts and salvaging devices from ancient times until the present era; the biological approach; nationality, socio-economic and cultural factors; and the psychiatric approach. Our materialistic philosophy with its attendant corruption in government, police and political spheres has a share of the responsibility.

Out of this welter of causes, the authors emerge with the conclusion that "A delinquency or crime is committed only when just the correct combination of personal and social factors come into existence to create a specified delinquent situation." One may not agree with the authors about this inevitability in a given situation, but one will agree with them that a given set of factors will not necessarily produce a delinquent act, as

social situations may be only apparently similar and no two individuals are alike. In short, there is no royal road to solving the riddle, although certain conditions are more favorable to delinquency than others.

The second part discusses the control and treatment of juvenile delinquency. Of particular interest to social hygiene workers is the chapter on "The Young Sex Delinquent," which considers prostitution as a social problem and stresses preventive measures.

Part III, on community responsibility, covers the preventive services of the police, school, clinic, social group work, social case work and the church; social action, both governmental and citizen; and interpretation, which examines the various media available for educating the public to the realization that the treatment approach is the more effective method of dealing with delinquency.

A comprehensive appendix of case histories, bibliography, and name and subject indices completes a volume of undoubted interest to sociologists and youth leaders.

Working with Teen-Age Gangs. A Report on the Central Harlem Street Clubs Project, by Paul L. Crawford and others. New York, Welfare Council of New York City, 1950. 162p. \$2.75.

The experimental project described in this report studies the problem of street gangs in Central

Harlem and formulates a program of action to test whether the street club can be influenced toward socially desirable behavior.

Punishment and existing recreational facilities were not doing the job. Perhaps if the adolescent gang member were approached in the right way by the right type of adult, he could be given a sense of community responsibility and emotional security. Area projects were organized around a local committee with professional workers.

To some of the boys, parents were merely authorities who pushed them around. The boys retaliated by staying away from home for days.

Since each street club had a group of girls associated with it, a woman area worker was appointed to handle the girls. Most of the girls were sexually promiscuous, with illegitimate pregnancies common.

Sex offenses occurred very rarely, although the boys saw nothing wrong in forcing a girl into sexual relations, and most of them were contemptuous toward girls.

At the end of the project, the boys showed a much better attitude toward girls and sex offenses.

The report is valuable in that it gives specific information about how workers won over some of the boys; shows how they encouraged self-direction in the clubs; furnishes a guide to other groups working with street gangs;

evaluates the project's accomplishment; and discusses the personality traits desirable in a worker with gangs.

Current Therapy, edited by Howard F. Conn, M.D., and 12 consultants. Philadelphia, W. B. Saunders Company, 1951. 699p. \$10.00.

The first edition of this book, published in 1950, was such a success that a new and enlarged edition has now been issued. It is the work of the above-mentioned editor and consultants and 275 contributors. It deals with therapy only.

The first part of the book describes the therapies of infectious diseases with the notable exception of tuberculosis and all of the venereal diseases. Following this section, therapy is discussed by the systems affected, as, for example, the cardiovascular system, genitourinary system. The venereal diseases are discussed as a group as are also allergic diseases.

Dr. Robert B. Greenblatt, of the University of Georgia, describes the therapies of the so-called "minor venereal diseases"—chancroid, granuloma inguinale and lymphogranuloma venereum. Dr. Paul R. Leberman, of the University of Pennsylvania, describes the therapy of gonorrhea. Five different authors discuss the treatment of syphilis in its several stages. The contributors to the section on syphilis are:

Dr. William Liefer—New York University
Dr. Roger J. Burkhart—Veterans Hospital, San Jose, Calif.
Dr. Arthur C. Curtis—University of Michigan
Dr. Edgar B. Johnwick—United States Public Health Service
Dr. Loren W. Shaffer—Wayne University
Dr. Bernhard Dattner—New York University
Dr. Robert R. Kierland—Mayo Clinic

The therapies described are in every case the currently accepted methods, but in some instances more than one method of therapy is presented, indicating some differences of opinion among the authors.

The discussions of treatment are brief but probably sufficient for the needs of general practitioners for whom this book is intended. *Current Therapy* should prove a very useful reference work for busy physicians who cannot read the longer and more complete books.

CHARLES WALTER CLARKE, M.D.

Practical Statistics in Health and Medical Work, by Ruth Rice Puffer. New York, McGraw-Hill, 1950. 238p. \$3.75.

Developed from ten lectures in practical statistics with examples from Tennessee health programs, this book shows health workers and statisticians how to use data to define problems, how to develop

records and procedures for administration and analysis and how to evaluate and improve a program.

Elementary enough to appeal to the beginner, the book—with its examples of incidence and prevalence formulas, punch cards, tables and graphs, and formulas for figuring rates, as for instance, morbidity rates—has much practical information for the statistician.

There is an interesting section which shows how results of serologic tests for syphilis in Selective Service were analyzed to reveal areas in Tennessee of high syphilis prevalence and to indicate a proper allocation of VD funds.

Child Psychiatry in the Community, by Harold A. Greenberg, M.D., and others. New York, G. P. Putnam's Sons, 1950. 296p. \$3.50.

This is an outline of current thinking as developed by means of work in a child guidance clinic, the operations of which are presented to help nurses, teachers and others understand the purposes of such a clinic. Thus it is hoped that they will then urge parents and children to seek out psychiatric and clinical services.

The first part concerns the child, his developmental stages, his problems, their causes, diagnosis and treatment; the second, the functions of various clinical workers; and the third, the relation of the clinic to the community.

Major General John M. Devine



General Devine is the man who organized and commanded the universal military training experimental unit at Fort Knox soon after the war. Now he is chief of the Armed Forces' information and education division. Between the two wars, during which he led troops in Europe (and for a time was General Patton's chief of staff), he was on the faculties of the field artillery school at Fort Sill, the United States Military Academy and Yale University.

Judson T. Landis



Dr. Landis, who is associate professor of family sociology, joined the University of California faculty last year to organize courses in marriage and family relations. With his wife he has written several books on marriage and family life. He says that their children, Judson, 15, and Janet, 12, "do their best to keep us on the beam. They were good critics as we worked on our newest book, *Personal Adjustment, Marriage and Family Living*, used with teen-agers in high schools."

G. G. Wetherill, M.D.



A specialist in pediatrics and education, Dr. Wetherill has been director of health education for the San Diego City Schools since 1935. He is the author of a college textbook on hygiene, of many professional articles, of one of ASHA's most popular publications, *Human Relations Education*, which he has just revised, and of a brand-new series of recordings on sex education for family use. His hobby is his family, with woodworking in second place.

Bruno Gebhard, M.D.



Dr. Gebhard has been director of the Cleveland Health Museum since 1940. Before that, he had been curator of the German Hygiene Museum in Dresden and technical consultant on medical and public health exhibits for the New York World's Fair. He was editor and author of *Wonder of Life* and *The Life of Woman in Health and Disease*. Dr. Gebhard, who became an American citizen in 1944, is an associate in health education in Western Reserve University's School of Medicine.

Thorstein Guthe, M.D.



Dr. Guthe, chief of the World Health Organization's venereal disease section, studied in England, France and the United States as well as in his native Norway. Early in the war he was in charge of VD control for the Norwegian Overseas Air Force and later VD control officer in charge of Norwegian overseas public health clinics for maritime personnel. Later he was assistant to Norway's Surgeon General of Public Health and in 1944 was a member of UNRRA's standing technical committee on health.

Beatrice G. Konheim Dorothy N. Naiman



Both Dr. Konheim and Dr. Naiman are assistant professors in Hunter College's department of physiology, health and hygiene. Both received their Ph.D.'s from Columbia University, Dr. Konheim in physiology, Dr. Naiman for work in bacteriology in the College of Physicians and Surgeons. Both are interested in community health activities. Dr. Konheim lectures on sex hygiene for the social hygiene committee of the New York Tuberculosis and Health Association, Dr. Naiman is active in the PTA. And both are mothers of youngsters just entering their teens.

THE LAST WORD

Shall We Change the Date?

Because the weather in early February frequently conspires against National Social Hygiene Day, many of you have suggested that we change the date of the annual observance.

The bad weather speaks for itself. In addition, some local affiliates have pointed out that the present early-February observance of Social Hygiene Day cuts into the heart of projects scheduled in the nine or ten months between the opening of schools in the fall and the summer vacation period.

Tentative proposals call for the shifting of Social Hygiene Day to the first Wednesday in May, when the observance would very naturally bring your work to a satisfyingly dramatic climax in which your whole community could participate.

How does this plan sound to you? What advantages do you see? What disadvantages?

We need your suggestions and recommendations and the value of your experience in planning local Social Hygiene Day observances. We cannot make a change effective without your *active* cooperation. May we hear from you soon?



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About our cover . . .

"For, lo! The winter is past, the rain is over and gone; the flowers appear on the earth; the time of the singing of birds is come, and the voice of the turtle is heard in our land." Fifth of a series of Journal covers on family life . . . photograph courtesy of PRIMER FOR AMERICANS.

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PERIODICAL DEF

BY WORD AND EXAMPLE

(Excerpts from a speech by Major General George E. Armstrong, Deputy Surgeon General of the United States Army, before the New York Academy of Medicine Eastern States Health Conference April 19, 1951)

Soundness of character is a vital element in a soldier. A man may meet the ordinary strains of day-to-day civilian living for years without revealing the basic strength of his character. He has developed a sense of security, based on attachment to his home, family, friends and familiar surroundings.

When he comes into the Army, often through no choice of his own, these pillars of security and support are withdrawn. He becomes regimented, disciplined and is exposed to what for him is a strenuous existence, all of which are necessary elements to any army. Next comes departure for parts unknown, acclimation to new environments, often with difficult climate and terrain and possible isolation and monotony, and finally there is combat, the supreme test. These demands bring his strong or weak points as an individual or as a member of a team immediately to light.

Fundamentally, the average man wants to do the right thing, wants the good opinion of his companions and wants to succeed in what he undertakes. However, under the strange conditions

imposed by military life, he often needs guidance with a strong hand on the reins. If this requirement is neglected, he becomes an automaton who performs his duty only because he is ordered to, he becomes resentful, careless of his obligations and prodigal of the lives of his companions.

To meet this need, there is the character guidance program, through which the commander and his staff provide the necessary help and leadership. This program is based on the concept of the dignity of man and endeavors to teach by word and example high standards of conduct to men who never had them and to help others to maintain those standards. . . .

. . . The American soldier is apparently the most carefully nurtured, guided and protected soldier in the world. Why shouldn't he be? Is he not one of the most valuable possessions of the country? Upon his welfare rests the security of the nation.

THE TEACHER'S ROLE

(Excerpt from "Life Adjustment in an English Class," by Sister Gertrude Leonore, S.S.J., in *The Education Review*, October 1950)

We began with class discussion, and they made a discovery that always amazes adolescents—other children share their ambitions, their fears, their fun and plans.

As each girl found and recorded one incident or phase of her childhood, she had integrated a bit of her own personality, and learned indirectly a bit of family living. As one child remarked, "I'll never let a little girl of mine feel as bad as I did when my little brother arrived."

With this unit we tied in reading—*My Antonia*, *The Doll's House*, *The Magic Ring*—other people's memories of their childhood heritage.

Gradually, perhaps not in terms that could be measured, the student came to see the importance of childhood, was perhaps saved from a pent-up bitterness about her own, and began to plan a happy one for her children-to-be. In addition, she became better adjusted socially because she saw something of the effect of environment on people.



HOW FAMILY FORCES AFFECT THE INDIVIDUAL

by O. Spurgeon English, M.D.

The dynamic psychology of the last half century which has focused the spotlight of its attention on the psychosexual development of the child as containing the nucleus of personality, plus direct observations of children themselves, has thrown the family as a social unit into sharper relief. It has made the defects of family life more glaring, and in so doing it has also served to make the exposed family members glare right back at the spotlight-holders.

In fact, some have even seized the spotlight and turned it round upon these researchers, with the result that one articulate mother wrote the following lines in protest:

"My thesis is that while psychiatry considers the home of tremendous importance, the root of probably all psychiatric difficulties and almost the only place where most of these difficulties can be resolved, it has not thought of the problems of the home itself. I think current teaching on child-rearing tends to alter the center of gravity of the home, making the child the center, the king and, too often, the tyrant.

"Certainly, a child needs security and love. But I suspect the definitions of these words have gone a little astray. We should not eliminate consideration of other members of the household. I see people who were the recipients of love

and tenderness, care and concern, who were the center and the delight of the home. And now, grown and married, they will settle for nothing less. They were never asked to give concern or be considerate or enjoy seeing someone else succeed. So now they consider the husband (or wife) cold and without understanding, and the children dull and unpleasant, because they are not the center of a constantly admiring audience.

“No, the loving tender care that makes the child the center of the home is a dangerous preparation for being an adult.”

Now we think all fair-minded psychiatrists would admit that these lines are penetrating and realistic and no more a caricature of the psychiatrist's position than they themselves have used on occasions in their portrayal of the injured child without explaining why the parents must inevitably so injure him. But as our friend contrasts her position with that of the psychiatrist, we are enabled to see the extremes much more clearly and are, therefore, better able to see the middle ground also. We are better off for seeing both the needs of the child and the needs of the parent and that these must inevitably conflict with each other.

It seems a sad and unconstructive discovery to learn that the home is a place of conflict, but if it must be so, it is much better that we *know* it is so in order that we may begin to do something about it, if we can. Furthermore, in spite of the truth and justification for the mother's quoted remarks, we have to return to the fact that any improvements which can and will be made must be made largely by the parents. The child can or must cooperate, but it will be the parents who initiate improvement in family life. They have both the power for control and supposedly also the intelligence for leadership.

If our theories are correct and we advocate a regime which will reduce neuroses and allied conditions and parents reply that parenthood is too strenuous for them, then what do we do next? Is this a problem which calls for help from some source to supply a mother's helper for every home?

Such a proposal was made in the report of the Royal Commission on Population to improve conditions in the Great Britain home. They suggested a mother's helper for the home which contains an only child under the age of two. As this child becomes older or other children arrive, then more family services are advocated, such as baby-sitters, day nurseries and nursery schools, as a normal part of family life and not just as a provision for emergencies. Also, mothers should have adequate holidays, with school holiday camps for the children and rest homes for mothers. Furthermore, better

provisions were recommended for taking some of the drudgery out of washing and ironing, particularly when there are small children.

The parents would contribute toward these services according to their means.

The general purpose of this would be to produce a family-minded nation in place of the present-day machine-age mentality, which is concerned only with the adult who is a maximum producer and preferably unencumbered by family responsibility. —All these and more attention to sex education and homemaking courses in school and adult extension courses in the psychology of marriage were thought necessary for the prospering of a community in which birth control was generally accepted and in which the members are questioning the worthwhileness of replacing themselves unless child-rearing becomes easier and less fraught with drudgery and personal frustration.

Motherhood and the Machine Age

Now one may argue that Great Britain is not the United States, but when two nations share so much in human values we must pause and consider some of the implications of such deliberations on family life by a sister nation. Their suggestions seem designed to meet many of the stresses and strains complained of by many homemakers who are mothers (we distinguish between homemakers who are mothers and those who are not). Certainly, we would feel that the homemakers have benefited by what the machine age has done to add to leisure time. But when the homemaker adds motherhood to her responsibilities, then we would be inclined to agree that the machine age hasn't made any contributions to ease the burden.

The incessant emotional needs of small children and even large ones aren't met by machines. Only human beings can do that and they need to have wisdom and endurance to do it. Moreover, to add mother's helpers and baby-sitters would not be an unmixed blessing, since any helper in the home, being human, can create nearly as many problems, emotional and otherwise, as she solves by her presence.

Furthermore, we might well ask to what extent these proposed additional people become "family" and to what extent they remain outsiders. To what extent will parental influence permeate through them to the children. (Not that dilution of parental influence through a good assistant cannot be beneficial!)

One might well suggest that some help be given in the beginning, but that the eventual goal be larger families so that the older children take care of the younger. A mother who had a child yearly

until she had ten was asked why she had so many and replied, "Blessed if I know a better way to keep the youngest one from being spoiled." There was doubtless more wisdom in the mind of this mother than appeared in this remark, although as it stands, many would not deem it nonsense.

At any rate, there is, we feel, good reason to question the methods of a society which emphasizes massing more adults willy-nilly to divide their time with the young, without being sure what the young need and what the grownup should provide to meet those needs.

The family is a very complex unit of people, even when functioning at its very best. When we think of the well-functioning family, we envision a man and a woman about the same age, healthy, capable, with well-rounded interests, many of which they share in common, who appreciate and enjoy each other and each other's friends and who take considerable pleasure in sharing their lives with several young children.

However, if we consider merely our high divorce and separation rate, we must realize that a great many families in this country are those containing divorced parents, widows, widowers and stepparents.

Then if we add the presence of mothers-in-law, fathers-in-law and grandparents, we can see that this picture of the supposedly simple family pattern becomes complicated by the presence of a great many other people. Also must be considered foster parents and parents who have adopted some or all of their children, not to mention other possible departures from the ideal one in which the mother, father and offspring remain together in relative harmony.

When we consider the forces which affect family life, it seems we must also put this family in a certain perspective, historically and politically.

The whole development of democracy, bringing to the individual dignity, freedom of speech, the value of love and liberty for liberty's sake, has been a development that is not so many centuries old. In spite of our devotion to this concept and its own popularity, we must remember that a countertrend has sprung up in the last 30 years and that totalitarianism, with its subservience of the individual to the state, its absolute authority, its pageantry and its telling everybody what to do, has made great strides. Whether we like it or not, a large part of the world's population has seen fit to swing back.

Certainly, psychiatrists advocate democracy in the family, and with a large output of literature have been advocating its furtherance for some time. Some of our critics are asking, however, possibly with reason, whether as a result we are making children

happier and whether we are decreasing the number of maladjusted and unhappy adult people.

There is one trend which the philosophy of democracy and family life seems not to have taken enough account of and that is the difficulty of bringing about concerted action in family life. This does not mean the kind of concerted action resulting from a father-dictated family policy. Yet, with the passage of time and with every family member demanding and being given his individual rights, the result is often a divided and neurotic personality coming from a family in which he has neither received discipline for its sake from the parents nor has he been able to formulate any satisfactory goals or satisfactions in living, as a result of his own freedom to choose.

This is not to say that the changing and modern approach is wrong, but it does indicate that we haven't arrived at the eventual solution of the secret of producing large numbers of stable and happy and useful personalities.

Let us examine, therefore, what might be expected from every family. By family, we mean largely the adults who populate the home.

What Should Be Expected from the Family

Seriously, the challenge to the grownups seems to be that of knowing how parents can provide:

- More time to spend with children.
- More patience with the child's difficulties in growing up.
- More knowledge of the nature of human emotional growth.
- More affection to meet the tremendous love demands of every child and adult.
- More resourcefulness in absorbing and redirecting aggression.
- Better techniques for eliciting cooperation and enhancing the pleasure of group living.
- More opportunities for participation in a variety of home and social activities.
- Opportunity for their children's exposure at periodic intervals to a variety of thinkers and speakers on the subject of human destiny.
- An ever-increasing knowledge of how to create a better marriage and home atmosphere.
- More participation in the emotional and educational dynamics of family life by fathers.

Before discussing these points, let us reiterate that the traditionally good citizen is not necessarily a good parent. It is the

adults who claim to have the wisdom and who propose to conquer the world's problems.

Therefore, it seems not unfair and certainly pertinent to say, "You are a good engineer of a beautiful and durable bridge, but a poor engineer of your child's adaptation to life.

"You are a good clergyman and preach a wonderful sermon to your congregation on man's obligations to one another, but you do not put this into practice in your own home.

"You are a wonderful doctor for searching out the cause of illness and planning the cure, but you cannot diagnose the unhappiness in your own family and do what you should to cure it.

"You are an eloquent lawyer in the courtroom and leave no stone unturned to obtain justice for your client, but you do not try to understand and alleviate the sense of injustice in your children."

This could apply also for the mechanic, the gardener, the butcher, the baker and the housewife. All are interested in good performance and appreciation for their efforts, but can they apply this at home? Not as much as they *could* and *should*!

But they would, if they knew the far-reaching implications of their ignorance and neglect.

Time and Teaching

The first eight points we stressed in regard to the family's responsibility to the children concern time. We think it can be generalized that there is a tendency for so-called "busy people," "important people," people who are "in demand," to fail to find time for their children. In such people, this is to some degree understandable not only because of the satisfaction which comes to them from participation in social progress, but also because of the satisfaction ensuing prestige brings.

However, it is perhaps more to be regretted that the very people whose abilities make them so busy or those who are so aware of social problems or those who are adept at some special skills or possess special knowledge cannot or do not take the time to share this with the younger generation both in and out of the home. Their zeal to save the world or do all the work in sight by themselves may represent some escape from dealing with the education of the young, but we think it most often because they haven't been sensitized to the fact that every person has so much to learn in his youth and he needs so much teaching from every interested person, especially the parents.

Some parents who are not busy and have time on their hands do not *have time* in the sense that they want to *give that time* to their children. They need to be shown how they can prevent, through working with their child in the present, later despair, maladjustment, family friction and ill will. Among this group are many fathers who make a large financial contribution to family life, but a very small contribution emotionally, socially and educationally. Many problems arise in families with capable parents who knew how to live their own lives with some degree of success, but never took the time and interest to make sure their children learned it, too.

Now, of the people who take the time to spend with their children and try to teach them, *there are some who have little patience*. This is often because they are essentially impatient people, but it is also sometimes due to the fact that they know too little of the nature of the child they would teach. They neither know the nature of the child's needs nor the proper timing whereby he should receive gratification for them.

For example, a child has a need to engage in both work and play with adults, in order to get a feeling of pleasure associated with these activities which he will use again and again all his lifetime. But when he tries to make this need known at, say, the age of two and a half years, he may be regarded as too young or a disturber of parental routine and receive rejection and discouragement.

The needs of children and how and when these needs should be met will not be repeated here except to make one point about the giving of affection. We still have to educate people to be unafraid that affection will spoil and weaken and become a force inimical to discipline. Actually, discipline is easier in a setting of affection. And affection given freely and properly balanced with demand, strengthens rather than weakens.

However, in this greater dilemma of proper blending of affection and discipline, we feel the approach on the part of the parent should be, "I'm happy to give the affection, and I know you will meet most of my expectations when I need you to do so," and not, "I expect you are going to be pretty hard to control, but in case you do conform the way I want you to, I'll be nice to you."

We believe, in other words, that the family has some obligation to show the example of faith, trust and confidence early and continuously.

Aggression

In the matter of meeting and handling aggression, the family has a great responsibility—one it has met inadequately up to the present

time. If this sounds like undue criticism of the American parent by a psychiatrist, let us hasten to share the blame and say that psychiatry, psychology and child education have not shown the parent enough ways to understand and handle aggression.

The aggressive nature of human make-up is most generally accepted, so we turn our attention to what to do about it. There are probably few parents who actually want their children to be over-aggressive, since even the toughest of parents have a suspicion that they will feel the effect of this aggression turned upon themselves some day. But there are a great many who fear their children won't get along in the world and be able to take care of themselves if their expressions of aggression are actually diminished in intensity or shunted into socially accepted channels. There are, furthermore, some who know all too little about the techniques of good will, tact and kindness, and if they do know about them, will tend to consider them weaknesses rather than strengths.

However, let us return to those who do not like aggression, who want peaceful, considerate offspring and actually do not seem to know how to accomplish this.

No discussion of molding aggression in the young could be complete without saying a word about counter-aggression in the present. Certainly, children are not likely to benefit from a limp and long-suffering parent or a devalued or depersonalized one. And here psychiatrists are getting a fair amount of censure, whether they deserve it or not, because they have emphasized so much the dangers of frustration by parental dominance. The same mother from whom we quoted in the beginning says:

"There has been too little emphasis on what parents can do in a positive way to create, mold and develop, and too much on simply being a reservoir of patience, affection and understanding. Certainly, we must be these last three things: They are the true foundation, but they are not the only needs.

"The words authority and discipline have fallen into disrepute, but I feel they must reside with father and mother. We have been frightened away from them by the threats of father-mother dominance and 'momism,' but these things are only the excesses of two very good things. There is great security to the child in the knowledge that his father and mother will protect him from behaving badly and will teach him what they feel to be right.

"If they will do these things from love of the child rather than from a need to prove themselves, I think it is the greatest security of all. Because it will show the child how to earn

the love and respect and approval of a world that gives love, but insists that something is due in return."

Since the author couldn't put any more clearly his thoughts on the proper setting of the home climate for blending (a) the child's needs, (b) the parents' limitations and (c) the necessary social sublimation of aggression, we have let this mother's words speak through this paper what we feel to be some important truths in a very fundamental parent-child relationship.

A child needs someone who loves him and who can also outline a plan of development around which he can discipline himself. The young do not see much of the best in life unless it is placed before them in some organized form.

Social Values

Too few people know how to entertain themselves or someone else. A family should teach the young ones to converse amiably and interestingly with older people. This can begin with the family group at mealtime by cultivating the art of conversation, rather than allowing the dinner hour to become a time for all and sundry members of the family to air grievances and criticisms.

Moreover, adults can help in this by showing an interest in conversing with the children about their activities and friends. Art, music, collecting, photography, sports or any other activity help not only to bring the young one to have pleasant memories associated with nature and with people, but enhance those emotional ties which insure security from loneliness, isolation and boredom, and which, incidentally but importantly, lead to the best social usefulness of aggressive impulses.

We have suggested that the young be exposed periodically to those who will discuss human destiny. No doubt such a plan would subject the youth to a great many platitudes and clichés, for it takes an unusual adult to expose to the young his *real* beliefs, share his weaknesses with them and admit the humble sources of his strengths. But perhaps a third of the time a person would appear with wisdom, humility, sincerity and a gift for talking to the young, and the idea would be worth the effort.

Such a forum would be a community activity sponsored by the home and from which parents themselves would have to agree to stay away, so the speaker could with greater ease be himself with the young. The wholesale accumulation of knowledge in the classroom needs to be leavened with a visiting mind who can talk to the young and make them think of how to utilize in a more effectual way what they are receiving from life and from books.

Finally, there is the great secret of what makes the family function. How many parents convey to their children by deed or word that the pleasure of living together and having children is of greater emotional intensity than the worry about them and the responsibility and expense of raising them? And if they could answer in the affirmative, would they be able to convey to their children what goes into this desirable state?

The title of this talk is "How Family Forces Affect the Individual," but in many instances there has been a conspiracy on the part of the adult leaders of families to see that family forces did *not* permeate the child's consciousness. If they had to scrimp to send him to a certain school or buy her certain clothes, they concealed the fact because their own pride would be hurt to confess it. Although they would have had only a problem in economics to explain, they seemed to fear criticism for not having been born rich or being good money-makers or better managers.

They wouldn't be seen by their children hugging or kissing each other or talking of their devotion to or their need of each other, lest this seem weak, childish or immoral, and might conceivably invite some question which would lead to a discussion of sex. The result of our hypocrisy is that most children find their way through dating, courtship, marriage, lovemaking and family-rearing all too much alone and make the same mistakes over and over again.

It must be remembered that a great many children are the result of the fact that the sex act is such a pleasurable human performance. As the children become older and begin to present problems calling for patience, good will and wisdom, the parents somehow have lost much, if not all, of the pleasure they had in each other's being together. They no longer enjoy each other or find a source of happiness and rejuvenation in each other. They have become burdened with their respective responsibilities, and their emotional attitudes toward their children are fairly ambivalent.

Considering the many changes which take place in the human personality between the time of the honeymoon and the next 15 years, it would be superhuman if they could manage things so as to devise adequate satisfactions for themselves in life and achieve with any consistency that continuous desire to help others, including, of course, the children.

This calls for the family to ask that the school system assist it in the matter of sex education and preparation for marriage. Theoretically, these things should be taught in the home. The home should be able to teach family life best. But it hasn't accomplished this so far, and we doubt that it will, left to itself.

The school system is a more stable repository of knowledge which the family needs to help it in this important task. Any random couple who set out to rear a family can be entirely too capricious, inhibited or prejudiced to help their young with the important business of being good parents-to-be themselves. If the schools get ready to give this problem a steady impetus from year to year, the family can be a good or bad ally, but in any case the growing individual gets something of the necessary knowledge and inspiration for the task of parenthood.

It is true that not many teachers, schools or parents are yet ready to have the schools help to study family life and give it the place of dignity and value in our minds that it deserves. But the idea is growing and will eventually become a reality, we believe.

In conclusion, the family has much to learn. It needs to find sources of strength over and beyond state and government subsidies. In our rapidly moving world, we are in a race to make up in ideas (psychological science) what originally existed in a home, because formerly the family were perforce thrown in close contact with each other and looked to each other for satisfaction and security. In spite of the increasing speed of our existence, it appears doubtful if we will prosper unless we learn the importance of pausing frequently to come in touch with each other more tenderly and wisely. The family has always been the place for this phenomenon, and society has always blessed it.

We must be careful not to squander this heritage. It is the common denominator of the best kind of living of the past and the precepts of modern dynamic psychology.

It needs to find sources of strength.



CANADA'S FAMILY ALLOWANCES

by Mae Fleming

M'CARTHY SUGGESTS CHILD ALLOWANCES

N.Y. Times 4-19-51

The possibility of a system of children's allowances for the protection of the children of New York should be looked into, Henry L. McCarthy, the city's next Welfare Commissioner, declared yesterday.

Canada grants allowances to each family on the basis of the number of children, but no place in the United States provides children's allowances.

As any parent will readily testify, it costs money to raise children. Each new birth in a family adds to the economic burden without supplying additional means for meeting it. Wages—the only income of the average worker—are intended solely as payment for work done. They bear no relation to the family responsibilities of the worker. A recognition of these facts lies back of the introduction of family allowances.

As we are constantly being reminded, production is the keynote to prosperity. The wheels of industry and agriculture must be kept rolling. But production relates directly to the demand for goods, which in turn depends on buying power. Thinking in these terms, the initiators of this social measure reasoned: Family allowances will accomplish a two-fold purpose:

- Socially, they will help insure that children of low-income families are better nourished, have more adequate clothing and medical care, and remain longer in school.
- Economically, they will put cash regularly into the pockets of the people who most need it, thereby creating a continuous demand for basic necessities, which will in turn insure production and steady employment.

Family allowances, of course, did not originate in Canada. No less than 30-odd countries—including England, Australia, New Zealand, France, Italy and many other European countries and such South American countries as Chile, Brazil and Uruguay—have in operation measures with the same purpose, sometimes tied in with industry, sometimes not.

Provisions of the Act

The Canadian Family Allowances Act was passed in August, 1944, and became effective July 1, 1945. Its main provisions are:

Eligibility. The conditions of eligibility are few. The child must have been born in Canada or have resided in the country for one year and be under 16 years of age. The parent or guardian making application for family allowances must be maintaining the child to the extent of at least \$5.00 a month independent of family allowances. If of school age, the child must be in attendance at school or receiving equivalent education.

Payee. Considerable interest has been occasioned by the fact that Canadian family allowances are made payable to the mother. If the mother is dead, or deemed incompetent—which, by the way, rarely happens—the father, or a suitable relative, may be made the payee. Under the terms of the Act, an institution may not qualify as a “parent.”

A parent, however, is, of course, not debarred from receiving family allowances for a child placed in an institution if he or she is paying the required minimum of \$5.00 a month maintenance, apart from family allowances, which must be expended on the child in such a way as to provide additional benefits.

Bona fide child-placing agencies may qualify as parents providing they “maintain” and have “parental control” of the child.

Rate of Allowances. Children under six years of age receive \$5.00 a month; children between six and 10, \$6.00; between 10 and 13, \$7.00; and between 13 and 16, \$8.00. It is apparent that the Family Allowances Act does not attempt to provide for the full maintenance of children, but rather to augment the cash resources of the family.

Termination of Allowances. The allowance ceases to be payable if a child of school age fails to attend school or, being beyond school age, is employed for wages and thus maintains himself; if he leaves Canada; when he reaches the age of 16; or in the case of a girl, marries under 16; or dies.

Use to Be Made of Allowances. The conditions here are broad. They must be applied exclusively toward the “maintenance, care, training, education and advancement” of the child.

If Misused. The legislation provides that where by reason of age, improvidence, insanity, ill health, infirmity or other reasonable

cause, the allowance is unwisely spent, it may be paid to another person or agency for the child. This item will be discussed further under welfare services.

Relation to Other Programs of Financial Assistance

It is the intention of the Canadian government that family allowances shall be paid as an addition to, and not in lieu of, other income—such as mothers' allowances, war pensions, unemployment insurance, workmen's compensation, public assistance, etc.—on the ground that if other benefits are reduced because of the receipt of family allowances, the purpose of the measure will be defeated. The dominion government has, therefore, expressed this point of view to the provincial governments (in whose area welfare falls under the British North America Act) and sought their cooperation toward this end.

Most provinces have indicated their agreement with this principle, but, as some forms of public assistance are turned over by the province to local municipal units, the occasional instance has come to light where the local body was regarding family allowances as part of the family's income contrary to intention. In practically every such case, the provincial authorities, when appealed to, agreed to re-interpret the dominion's point of view to the municipality.

Private welfare agencies, in giving supplementary assistance, are usually most understanding in helping to keep family allowances as an additional benefit for the family.

Expenditures

Family allowances are paid from the Federal Consolidated Revenue Fund. They are not considered as income for income-tax purposes. The February, 1951, financial statement shows an expenditure of \$26,148,739 on 1,903,246 families involving 4,355,269 children, an average of \$13.72 per family, \$6.00 per child. The largest check which has been issued was for \$96.00 and covered 15 children. The average number of children per family is 2.28. The cost of administration is surprisingly modest, about 1.5% of the amount disbursed.

Organizational Set-up

With only a small headquarters staff in the Department of National Health and Welfare at Ottawa, the operation of family allowances is decentralized through regional offices established in each of the 10 provincial capitals. Registration forms are available at all post-

offices and are reduced to a bare minimum of required information. When filled out and signed by both parents, the form is mailed to the regional office in the province in which the family lives.

The administrative details connected with determining eligibility as it relates to residence, birth verification, maintenance, school attendance, etc., are considerable. If eligibility is established, the payment of family allowances begins the month following the receipt of the application. Increased rates, which take place at six, 10 and 13 years of age, are taken care of automatically without reminders from the parents.

Family Allowances to Special Groups

In the case of the native races—Indians and Eskimos—payments are not always made in cash. In certain instances, on the advice of the departmental officers charged with their supervision, payments are made “in kind.” These latter payments are in the form of credits which the parent can use in the purchase of certain foods and other items from lists which have been prepared with the special needs of such children in mind.

Welfare Problems

From the outset, it was apparent that problems would be encountered in the administration of family allowances with which social workers could best deal. A welfare section was, therefore, set up in each regional office, headed by a supervisor of welfare services. At this point, the alternatives were to employ sufficient social work staff to handle the work involved or to utilize existing social agencies where practicable. The latter had much to commend it—a proper recognition and strengthening of local agencies, an appreciation of the serious dearth of qualified social workers and a desire not to intensify competition for them.

Under the British North America Act, welfare is a provincial responsibility. However, as there was no thought of the family allowances division giving specific case work services, no possible clash arose here. It was decided, wherever possible, to turn to local agencies, and this practice has resulted in the widespread use of both public and private social agencies.

The problems referred to the welfare section grow out of a wide variety of situations requiring investigation to determine the proper action to be taken with regard to the payment of family allowances, such as conflict between separated parents as to which

is maintaining to the greater extent, non-attendance at school, reported misuse of allowances, etc.

Misuse of Family Allowances. It speaks well for Canadian mothers that with 4,202,263 children receiving family allowances, only 1,471—or, roughly, three out of each 10,000—were reported in the fiscal year 1949–50 from any source as not giving the children the proper benefit of family allowances. After careful investigation, in 977 of these cases (66%), the payments to the mothers were continued. In 78 cases, the family allowance was turned over to a close relative or friend chosen to assist the mother for a temporary period in learning to make better use of family allowances. In 170 other cases, where a suitable relative or friend could not be found to undertake this task, the family allowance was turned over to a third-party administrator, frequently a social agency, for temporary administration until it was felt that the mother had learned how to properly spend the money.

The services rendered by social agencies to family allowances are three-fold:

- the making of social investigations upon request
- acting as third party administrators
- qualifying as “parents” under the Act with respect to children, both wards and non-wards, in their care, whom they maintain.

Family allowances so paid to child-placing agencies are expended through trust accounts subject to annual audit. Through this device, a considerable number of children receive family allowances who would not otherwise be eligible through lack of a “parent” who “maintains.” Problems not necessarily related to the payment of family allowances, but which come to light in the course of determining eligibility for family allowances, are brought to the attention of local agencies when there appears to be a need for their regular services.

Evaluation

Five years is a rather short period of experience on which to base conclusions as to the social results of a program of this magnitude. Three minor studies have been made on the ways in which family allowances are used, but because of the restricted nature of each survey in choice either of areas or families, and the very small number of families studied in each case, the results cannot, either separately or together, be used as a basis for statistically valid conclusions on the use of family allowances in Canada as a whole.



More babies, more
milk, more cloth-
ing, more chil-
dren in school.

On the other hand, it is possible to draw certain general conclusions. In all three groups studied, the bulk of the family allowances was spent on the major budgetary items of food, clothing, medical care and education, in that order. None of the three studies was made under the direction of the Department of National Health and Welfare.

There are other interesting comments which might be made. For instance, the rate of milk consumption and the demand for children's clothing both took a sharp upward turn immediately after the inauguration of family allowances. In a period of demobilization and greater availability of commodities, it is possible that other factors than family allowances were involved.

The birth rate has risen, but this is true also in the United States, which has no family allowances.

Unquestionably, more children are in school. This is widely attributed to family allowances.

It is difficult, then, to be specific about the advantages which family allowances have brought to Canadian children. But of the widespread appreciation of the allowances by Canadian mothers, there is little doubt. A Gallup poll last June showed 85% of Canadians in favor of family allowances.

SOCIAL SERVICES IN A NATIONAL EMERGENCY

by Dorothy H. Sills

Social hygiene problems in a national emergency develop through the concentration and relative isolation of men, and the resulting movement of women and girls to these areas of concentration. Restrictive measures through official and law enforcement agencies are usually necessary to limit prostitution and to control disease. Social services are necessary for two major reasons:

- To prevent or reduce hazardous or damaging experience for women and girls who come into a community.
- Through assistance to them, to diminish the spread of delinquency.

These services must be planned in view of the necessary official regulations, and should include both direct case work assistance to individuals and active participation in general community and official planning.

By the nature of its program and through its accumulated experience, Travelers Aid is in a strategic position to give this kind of service. Our general aim is to assist with the problems of people who find themselves in difficulty when away from home. Such a purpose requires a two-fold program:

- To give prompt and effective service to the person in need of help.
- To work toward an improvement in whatever social conditions precipitate or intensify need for assistance.

Travelers Aid had the opportunity to carry out this two-fold program in the social protection program of World War II, and offered its services wherever there were local units, as well as through special services of members of the national staff. The program was based on cooperative planning with military and other government agencies on the national level. In each community, Travelers Aid participated in plans with local officials and also with other public and voluntary social services.

In all, more than 14,000 women and girls were given individual case work service. The effectiveness of that service was directly related to the timing of Travelers Aid participation in planning, whether before or after the pattern of control had been set, to the degree of cooperation that could be achieved locally, and to

An address February 20, 1951, at the New York Tuberculosis and Health Association's annual conference.

the regulations locally enforced and the facilities available for putting them into effect. The fruits of this experience offer useful guides for effective planning in the national emergency we face today.

Before reviewing the services desirable in a social hygiene plan, let us consider the women and girls in whose interest these services would be provided. An analysis of our experience in the past, and we have no reason to anticipate that there would be any major changes in the present, reveals some interesting facts.

Half of this group were under 20, mostly in the 16 to 19 age-group, the rest were of all ages up to the 60's. One-third were wives, fiancées or friends of servicemen; another third, job-seekers responding to specific employment ads or hoping for employment in a rapidly growing community. Most of the rest were young girls looking for excitement and glamor and a chance for association with service personnel. Some moved into camp areas with the deliberate intention of soliciting, although only a few of this last group were known to Travelers Aid and therefore inconsequential in a summary of our experience.

With many of them, part of the impetus toward moving to a new community came from the fact that their home towns had been drained of young men, and therefore of satisfying relationships and social activities, or because lack of employment offered no opportunity for independence.

In general, these girls fell into four groups in terms of their socio-sexual experience:

- Those for whom there was no evidence of promiscuity and who denied any kind of misconduct.
- Those who seemingly had not been delinquent before leaving home, but who had become involved with one or more servicemen.
- Those who had been promiscuous before and who had no interest in changing this pattern of behavior.
- Those who were commercial prostitutes moving from camp to camp.

This last group was usually not known to Travelers Aid, perhaps because they were reluctant to use social agency services, although in many instances young girls in danger of getting into difficulty were referred to us by prostitutes.

One segment of the total group was composed of relatively mature girls who, with limited help, could work out satisfactory and socially acceptable personal plans. For the rest, while there was an infinite variety of differences, there seemed to be some elements common to many of them.



Many seek jobs and an opportunity to be independent.

There was appalling and widespread ignorance about venereal disease and the methods and facilities for treatment.

A great many of them had had no experience in living away from home, were hesitant about taking the necessary steps to find employment and a place to live in order to establish themselves in a new community, even though they had traveled hundreds of miles to get there.

Poor judgment in asking and taking advice from the most casual acquaintances was a frequent hazard.

Many had run away from unhappy home situations and had no strong ties or relationships or affection on which to build personal security. Others were eager for some measure of success in a new setting to compensate for failure in satisfying accomplishment at home.

In general, these girls seemed to be rather unstable, easily influenced, and tended to act impulsively. For some, this behavior was patently related to youth and lack of experience. For others, it indicated a lag or fault in social and character development.

When we project this composite picture of the girls who are likely to be attracted to military areas on that of a typical overcrowded one, it is obvious that social problems will arise and that social planning will be needed. The patent vulnerability of a large proportion of these girls points up their own need for protective or preventive devices. These same personality elements suggest that social services geared to their needs will be helpful and acceptable, at least to a large proportion of them. Travelers Aid's experience in World War II confirms this hypothesis.

As a part of or adjunct to a plan for control of social conduct, social services should be accessible to girls who are newly arrived in a community, as well as to girls who have already come to the

attention of law enforcement agencies. This accessibility depends not only on the physical location of the agency giving the service, but on the community's understanding of it and the readiness of local organizations of all kinds to enlist the agency's help in situations and at a time when it will be most useful. It is only through such cooperation that social services can be effective to individuals and to the other agencies concerned in a social hygiene program.

These services would be directed toward helping individual girls to find a way to establish themselves in the community on a socially acceptable basis, with awareness of the hazards inherent in an overcrowded area and with understanding of the purpose and methods established for control. Where lacks in the girl's own capacities or in the community's resources forecast failure in adjustment there, case work would be directed toward helping with the development of a plan to move to a community where personal ties or special resources offer a better chance for satisfactory and socially desirable adjustment.

Special supplementary services should include:

- A centralized housing service with investigated listings of rooms.
- Information and advice about available employment openings, particularly those appropriate for the young or inexperienced.
- Direction to recreational and other leisure-time facilities, both commercial and those under organized agency auspices.

Such guidance is important to strangers who have no personal ties in the community, who are unfamiliar with its resources, and who, through ignorance or loneliness, may be led into delinquency. The service requires not only skill on the part of the staff, but time enough for a sustained contact with the individual and cooperative planning with other agencies concerned, either in the community or elsewhere.

The girl herself can use this kind of help only if she can discuss her problems in some privacy, with assurance that her confidences will be safeguarded and with time enough to work through to a suitable plan. This last point has special bearing when the girl is in detention at the time social service is requested. Relief from the pressures and discomforts of usually crowded detention quarters may often be necessary before a girl can settle down to plan thoughtfully for her future.

It seems necessary at this point to call attention to some of the unfortunate results of too-rigid control devices in the past. Local regulations and law enforcement measures in World War II that did not permit discriminating application had seriously destructive



" . . . through
loneliness or
ignorance . . ."

effects on individuals, and they unquestionably handicapped the usefulness of social services. Indiscriminate arrests where there was no evidence of misconduct, unsegregated detention with no regard for the nature of the offense or of the offender, jail sentences imposed solely for medical treatment of those infected but not promiscuous—all brought in their wake a toll of human suffering impossible to estimate, either in its intensity or in its permanent effects.

Release from jail when "suspicions" proved unfounded, or from treatment centers after medical care had been completed, was too often a jump from the fat into the fire, when there had been no interpretation nor explanation of the actions that had been taken, and no provision for help in understanding and absorbing a grueling experience nor for reducing the shock and resentment it provoked. Adjustment of law enforcement measures to avoid these mishaps would mean a saving of social values not only to the individuals involved but also to communities themselves.

The permanent results of Travelers Aid's services in these 14,000 cases could be determined by a follow-up study obviously impossible to undertake. A review of the situations at the time cases were closed suggests that service on the whole proved useful. Only one-half of one per cent of the total group rejected our services when they were offered; 84% maintained contact with the agency until an acceptable and practical social plan had been developed; more than half of these finally decided to return home, in spite of the disappointment and chagrin such a plan meant for them; 18% of them were assisted in establishing themselves in the local community; the rest were helped with plans to move to other communi-

ties which were known to offer a reasonable chance for good adjustment. For many, follow-up service through other social agencies was planned.

While it must be recognized that some of these girls accepted Travelers Aid service as the only way of getting out of jail, many thousands of them cooperated with the case worker not only in planning but in putting their plans into effect.

In conclusion, social service has a role to play in any plan devised to protect society from the potential results of mass concentrations of troops. The community may need help in identifying and establishing local resources, particularly valuable to the women and girls who inevitably will be drawn to the community, if not actually recruited to work in it.

Housing facilities that afford both privacy and safety for young girls, employment services that provide counseling and prevent exploitation of the young and inexperienced stranger are useful preventive devices. Recreational opportunities that offer normal social contacts are also important. In addition, individual services to each woman or girl to meet her own particular needs may help her to avoid the pitfalls that endanger her, and thereby prevent the further hazard her delinquency would add to the local scene.



Does your community have a centralized housing service for soldiers' families?

REHABILITATION OF WOMEN SEX OFFENDERS

by Miriam Van Waters

This article is written from the viewpoint of a superintendent in a large state reformatory for women, where 80% of the population are committed for social offenses, drunkenness, sex offenses, neglect of children, vagrancy or idleness and disorderly conduct.

Rarely do these charges express the true picture. An arrest for drunkenness may be made by one law enforcement officer where another would lodge a sex charge. The importance for treatment lies in the length of sentence. In Massachusetts, an alcoholic gets a one-year sentence, and all other offenses receive two to five years, or more.

The problem of the sex offender is not isolated. It cannot be considered apart from other offenses, nor from the total personality. Innumerable illustrations show this to be true. An 18-year-old girl serves a five-year sentence for perjury. She had been taken to court to prosecute a man for the paternity of her unborn illegitimate child. On the stand she reversed her testimony and was charged with perjury.

A woman is prosecuted for larceny which consisted in taking \$5.00 from a man she had intercourse with. She said it was a misunderstanding, for she believed the man had agreed to pay. A persistent petty thief is shown, on diagnosis, to steal only under the influence of sex-drive, which she suppresses by this means.

So the problem becomes merely the diagnosis and treatment of the individual delinquent.

However, a few general statements must be made. First, the public attitude tends to set the sex offender apart from others, and this creates obstacles to rehabilitation. Second, there is marked discrimination in the legal penalties applied to men and women. Women receive the heavier penalty. Especially is this discrimination seen in the sex offenses where men and women are partners: adultery, cohabitation and fornication.

Added to this is the status of the prostitute. In most states, the law is such that the woman is considered the only guilty one, or the more guilty. Not until both parties to the business of prostitution are deemed equally culpable can it be outlawed. The woman prostitute knows this. The situation blocks any real reform.

In considering treatment, the motivation of the offender's way of life must be discovered. This discovery is based on a pre-

liminary case-study, supplemented by observation in situations approximating normal life in a community.

The diagnosis is made by a classification committee. The physician, psychologist, chaplain, social worker, vocational supervisor and recreation leader, and sometimes the psychiatrist, take part in the work of classification. Each studies the case independently and makes a report of findings. There is a balanced discussion.

The Result Is a Profile

Profile is a term used to describe the relationships between physical, psychological, social and other factors. To illustrate by a concrete example: A woman, 39, married, with 2 children, is sentenced to two years on a neglect-of-children charge. The social worker describes the neglect, filth, mother's drinking, children sent verminous to school. The husband is a good provider, faithful, non-drinking. The mother was put on probation. Then she ran off with a married man, returning voluntarily. Probation was extended and a day-work housekeeper called to instruct the woman. Result: continuing neglect and sentence to the reformatory.

The social worker recommends no early release, hard work, strict discipline. It sounds reasonable.

"Wait," says the resident physician. "This woman appears healthy, but she is anemic and there is a serious calcium deficiency and consequent lack of energy. There are times when she doesn't know if she is dead or alive."

"Build her up. Give plenty of rest," write the busy pens of the treatment experts seated at the Classification Board.

"All the calcium you give her won't have the slightest effect," retorts the psychologist. "This woman can't sleep. She has nightmares which are, in her case, an expression of acute anxiety. In short, a complex."

Now if we add some notes as to personal interests, a good intelligence, skill in handcraft, aversion to cooking, love of nature activities and music, we have a profile. What this means for action is the basis of treatment.

She is to be under medical supervision. She is to receive daily counsel by the psychologist. She is to have a work program in the nursery and classes in the diet kitchen and in child development. She is to join the Audubon Club and the choir, and she is to have no early release. Visits from her husband are to be supervised by the social worker.

At the end of four months, improvement was noted. In 11 months, she was ready for parole, and on release re-entered her home, a rebuilt woman.

The sex offense episode in her career was not the primary difficulty. It was the last straw which ended the patience of the probation officer. It was the means of bringing a sick woman into a treatment focus. Her rehabilitation depended on the pooled efforts of doctor, social worker and psychologist. In this case, the chaplain worked with all three and was particularly helpful in interpreting the wife's needs to the husband.

Treatment should be aimed not only at adjustment to the social environment from which the offender came, and to which she must usually return. Treatment must be aimed to reach something deeper in the woman herself. Experience teaches us that women tend to conform to the pattern of morality of their age-group in the same economic and educational and social levels. This pattern varies in different communities. We will know more about the whole problem when the Kinsey report on women's sexual behavior and attitudes appears.

Until the Kinsey report appears, any generalizations must be regarded as tentative, to be made with the caution of an individual



On the way to court.
Charge: Prostitution.

observer. Yet it does appear that women conform more than men and are very dependent upon approval. While under treatment in a correctional institution, everything is done by teachers and counselors to supplant poor standards with good ones. The offender usually responds and is encouraged by approval. However, the standards of the counselors are not those of the community to which the girl must return.

When the woman returns to her community, the contrast is sometimes overpowering. What she has been taught as valid in the reformatory no longer wins approval but ridicule. She misses the contact encouragement of those who praise her work, her politeness, her consideration for others, her constructive use of leisure time. Approval goes to the smart wisecrack, the quick drink, the ready date, especially to the one who "can get away with it." The woman with a baby to support not only gets behind in her child's board, but finds her adult interests interfere with being a loving mother.

Surely something is wrong when the core of treatment misses an attack upon the woman's *real* interests.

Here with profit we may read the chapter on desire and mental health in Dr. Abraham Myerson's new book, "Speaking of Man." * His central point is that when we no longer enjoy with zest what we are doing we are mentally sick. Mental health may be achieved in a variety of ways and by many means of adjustment. But where the will to live and enjoy is lacking, there is danger.

So we must ask ourselves early in treatment, "What does give this woman real satisfaction?" She may be stimulated to imitate the teachers and counselors around her as long as she is under control. She may *appear* interested and satisfied, but when she is out from under control how will she *feel*?

Answers to these questions may be gained in three ways:

- by good observation of spontaneous activity in both formal and informal groups;
- by the use of techniques in group therapy and psycho-drama;
- by the interpretation of psychological tests like the Rorschach and Zondi, or by study of the free expressions in drawing and use of color.**

* MYERSON, ABRAHAM, M.D. *Speaking of Man*. New York, Alfred A. Knopf, 1950. 279p. \$3.00.

** Mrs. Priscilla Reed, art therapist at the Reformatory for Women, has developed tests in this direction.

There must, then, be projects worked out in harmony with the motivation of the personality we are trying to help. Let us give an example. A sex offender who is constantly restless and disturbs groups appears to be asking for punishment. On admission when drunk, she accused her husband of beating her. When she recovered, she was in panic. "He never beat me. He is the kindest of men. He is coming to visit me today. He will be so hurt. I hope no one will tell him what I said." She writhed her whole body as if in pain.

A trained observer noticed this. It was the clue to her delinquency. By a pathological twist, this woman associated physical pain with sex. She had feared the beatings of her father, yet relished them.

Her mild-mannered husband did not suit her. She sought something she did not understand. To adjust this woman, psychological therapy had to seek her real motivation, which when relieved of its pathological quality, turned out to be service, any kind of service, preferably to the sick.

Many other cases show more "normal" motivations. They are usually beneath the surface. To give them proper outlet, an intensive individualized program is necessary. Then a follow-up in the community to continue to provide constructive but acceptable outlets is needed.

To sum up, our laws on sex need to be re-examined and brought into harmony with the moral standards of our time. The punitive features must give way to scientific diagnosis and treatment. Discrimination between men and women should be eliminated.

We should understand the laws of growth in personality, and work with these laws by means of science and religion. We cannot initiate growth, but we can by our social action either retard it or assist it.

The rehabilitation of offenders is a hopeful project, if we use the resources now available unhampered by superstition or politics.

HAVE YOU . . .

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CIVILIAN-MILITARY COOPERATION IN VENEREAL DISEASE CONTROL

by Harry Pariser, M.D.

The principles of VD control confronting a health department are approximately the same in any community of significant size. However, in a military area such as Norfolk, there are problems peculiar to the local setup which require certain adaptations to fit the military as well as the community needs.

It is common knowledge that the military venereal disease rates are roughly a reflection of the civilian incidence and the degree of promiscuity in the community. In Norfolk, the problem is unique in that the proportion of military to civilian personnel is probably higher than in any other community in the country. In fact, most of the major naval installations are located directly adjacent to the city.

It is not my purpose to discuss the overall principles of case-finding, which have been adequately presented previously and which have been analyzed specifically for Norfolk.*

Briefly, in Norfolk the largest number of admissions of new infectious venereal disease cases has been through voluntary application to the clinic. It is believed that this stems from one of the basic premises of the VD educational program in Norfolk, namely, that it has been our consistent educational policy to stress through all possible media of public information the availability of venereal disease services. This information has been geared primarily to groups of potentially high incidence of venereal diseases.

As a result of the experiences gained in the last war, it is our considered opinion that too much and too varied information of a factual nature is not nearly as effective as the constant stress upon availability of venereal disease services, namely, where to go, how to go about getting there, the assurance of good treatment, its availability under reasonably pleasant circumstances at no cost to the individual. This does more to get cases under treatment

* PARISER, H.: Analysis of Case-Finding Methods in Community Venereal Disease Control. *Journal of Venereal Disease Information*, 26:120 (June), 1945.

BELL, A. H., AND PARISER, H.: Norfolk Faces an Issue—A Progress Report on Social Hygiene Efforts in a "War-Congested" Area. *JOURNAL OF SOCIAL HYGIENE*, 31: No. 7 (Oct.), 1945.

PARISER, H.: A Proposed Clerical System for a City Venereal Disease Control Program. *American Journal of Syphilis, Gonorrhea and the Venereal Diseases*, 31:181 (March), 1947.

than long discussions about the stages of the disease, lesions, significance of blood tests, methods of transmission, etc.

It is felt that when a person suspects he has a venereal disease, as he will if he has a promiscuous behavior pattern or develops lesions, the most important thing to know is where to go. Further information can be given on an individualized basis, depending upon circumstances and needs. This employs the well-known propaganda technique of repeating the same facts concerning the availability of services in many different ways, so that when need arises for the service the individual knows what to do.

Another frequent source of voluntary referral for potentially infected individuals is patient-to-patient referral, which stems from the feeling that satisfactory handling has been obtained in the clinic.

The second standard major case-finding device, that of routine blood-testing, needs only brief mention here. Our experience indicates that a relatively unsurveyed group of potentially high or average venereal disease incidence will produce a fairly significant amount of venereal disease by routine blood-testing and examination for gonorrhea. Resurveys of average incidence groups are less effective with each resurvey.

On the other hand, in the potentially high incidence groups, such as jail populations, tavern employees, etc., resurvey will give a sufficiently high yield of venereal disease to warrant repeated specialized surveys.

However, it is especially in the realm of epidemiology that the military situation produces its particular problems. In Norfolk, approximately 30% of all epidemiologic information is received at the venereal disease clinic from military sources.

It has always been our firm conviction that a close liaison with all agencies, military and civilian, interested in venereal disease and prostitution control, is the key to success. It is important that direct personal communication be utilized to its fullest extent. This requires knowledge of the naval and civilian administrations which serve the area, as well as a working acquaintance with the individuals involved.

A brief discussion of the naval groups may be in order. There is a director of discipline, who is in turn chairman of the Joint Armed Forces Disciplinary Control Board, which has authority under the commandant to enforce naval discipline both ashore and aboard. Membership in this board is entirely military, but for purposes of consultation members of the police department and venereal disease control division of the Norfolk health department are invited to attend all sessions.

One of the major purposes of this agency is to point out factors detrimental to the health and welfare of servicemen to establishments concerned (both civilian and military) and to endeavor to correct the situation by mutual understanding. It employs the weapon of "out-of-bounds" reluctantly, as a last resort when all other methods have failed. The board leans heavily on factual information furnished by civilian agencies, but acts only in accordance with its own findings and convictions. These meetings constitute top-level means of communication between civilian and military authorities for better understanding of mutual problems.

A separate chain of command in the Navy directly concerned with the VD problem stems through the district venereal disease control officer in the medical administrative corps, who is directly responsible to the district medical officer.

The Navy venereal disease control officer and the epidemiologist of the city's venereal disease control division are in almost daily personal communication in the following ways: All useful epidemiological information obtained in any of the naval establishments in this area is reported by telephone direct to the VD clinic by the various venereal disease control workers in these naval installations. If, as a result of the civilian investigator's knowledge of the city and its problems, the telephoned information needs clarification, reinterview is advised along with certain suggestions. These have always been well received and appreciated. Often the same day or in a few hours an inadequate report, after reinterview, becomes adequate for investigation as a result of this telephone communication.



If the information is initially adequate, the investigation is routinely begun immediately. As a result of this rapid interchange of information, it is not infrequently possible to complete an investigation within a 24-hour period. Because of the transient population of Norfolk, this type of procedure is imperative. Routine forms are then completed upon arrival, which is usually from two to five days later.

While such effective close coordination has been established with shore activities, the problem afloat presents difficulties which have not to date been resolved. Unfortunately, while venereal disease is contracted ashore, clinical manifestations often appear after the ship has left port. Unless VD control personnel aboard ship may utilize the telegraph or other fast means of forwarding contact information ashore, a serious time lag ensues, which makes even fairly accurate epidemiological information of little or no value. At times, this lag is as long as four weeks. It is hoped that this deficiency will be remedied.

Another direct result of this personalized relationship is that the civilian epidemiologist can discuss with the district venereal disease control officer, who is a voting member of the Joint Armed Forces Disciplinary Control Board, problems which frequently arise in the field.

One problem has been cooperation, or lack of cooperation, on the part of individuals whose positions give them a definite place in our epidemiologic efforts. They include desk clerks, tavern owners, bartenders, barmaids, hotel managers, bellhops, janitors, maids and a host of others whose help is needed and whose reliability can easily be checked.

It is frustrating for the civilian epidemiologist to meet the smiling face of the uncooperative, misinforming individual who covers up promiscuous activities and hides the identity of individuals with whose whereabouts he is quite familiar, thereby blocking our epidemiologic efforts. Such persons waste a great deal of our valuable epidemiologic time and become bolder and bolder in their misleading statements if they feel there is no check. Their moral concepts and their public conscience are close to zero. Nothing short of threat, veiled or apparent, will induce them to cooperate. A threat is never directly communicated by the health department but can be subtly implied.

While the health department's approach is that of voluntary cooperation in its dealings with both the informant and the individual to be reached, it is the conviction of the VD control division that if information concerning misleading intermediaries, who really operate directly or indirectly as facilitators, can be placed in the hands of the district venereal disease control officer (for transmission to the Joint Armed Forces Disciplinary Control Board and for further study by the shore patrol and the police department), epidemiological efforts will be well served. The health department remains anonymous, but is frequently in the best position to furnish such information.

In a military area such as Norfolk, it is important to pool information from all sources and to transmit it to the proper body for evaluation. It has been repeatedly demonstrated in Norfolk that facilitators can be induced to give valuable cooperation if the potential of reprisal is in the background. The cooperative individual knows he will be given every opportunity to continue to operate a legitimate business.

In a military area, the overall end-results must be kept in mind by all agencies interested in reducing venereal disease in the Armed Forces and civilian populations. While the duties and functions of each agency—health department, police, military and social agencies—are clearly defined and carried out from inception to completion independently in their respective fields, the pooling of information for the common goal towards which we are all striving is advantageous to all agencies.

Another specific example of such cooperation consists in the situation in which the shore patrol and the Armed Forces Disciplinary Control Board delay any "out-of-bounds" action while exchanging information with the health department to discover if epidemiologic work needs to be carried out before continuing with their original plans. The health department can complete this epidemiologic work before the individuals are scattered by the closing of the establishment.

Tavern Owners Pledge Cooperation

One may quote other situations of similar nature. For example, as a result of close cooperation and pooled information, Norfolk tavern owners formed an association which pledged cooperation with the law enforcement, military and other agencies to self-police their own establishments. It should be carefully noted that this association was formed only after Norfolk's director of public safety threatened to institute proceedings which would have eliminated all girls from employment in these taverns. Our epidemiologists have noted marked cooperation on the part of the members of this association, and frequently completion of epidemiological investigation is now possible only through this cooperation, yet only a few months before such cooperation was unknown.

The health department knows that it has definitely gained valuable assistance as the result of this threat by another agency, the Department of Public Safety. No tavern employee is discharged as a result of epidemiologic investigation if examination and treatment is accepted.

Norfolk's venereal disease division never loses sight of the fact that voluntary application to the clinic is its major source of case-finding. Threat of use of police power never comes directly from the health department. Nevertheless, there are certain types of promiscuous, amoral individuals and known spreaders of infections who have defied actively any attempt to place them under examination.

One must realize that many hard-bitten, tough transient types flock to a port like Norfolk. After exhausting its attempts at voluntary application of such individuals to the clinic, the health department is not adverse to dropping a gentle hint in the proper direction (such as in the neighborhood of the shore patrol and the police division), so that these uncooperative individuals can be more specifically watched. Almost routinely, this anti-social belligerent type of person can be discovered committing some offense against the moral statutes, and so will be subject to arrest on morals charges. Arrest is made not on epidemiologic information but on law violation. Following conviction, examination can be made.

Except for the original suggestion, the health department does not participate in any of these subsequent actions, except as required by law after conviction on morals charges. Again, it is felt that the health department has lost nothing in its overall picture and has successfully and legally removed a spreader of venereal disease, and by subsequent medical treatment rendered the individual non-infectious. We believe that voluntary application to the clinic would suffer if the investigators were seen hobnobbing with law enforcement agents (police and shore patrol), a situation which is not permitted, but we feel that a telephone hint in the proper direction produces results which can be reflected in our lowered VD incidence and represents a community service.

The health department has always taken a firm stand concerning the advantages of suppression of prostitution. While it may be argued that prostitution as such is of no concern to the health department, it is our firm conviction that it is of major concern to, but not an administrative responsibility of, the health department. As a result of the attitude of the health department and the naval authorities, the police department has obtained official support for a program of suppression which is being carried out with great vigor in this city. The police activity has contributed immeasurably to the sum total efforts at community clean-up and quite directly has reduced sources of potential exposures, and thereby limited the spread of venereal disease infections.

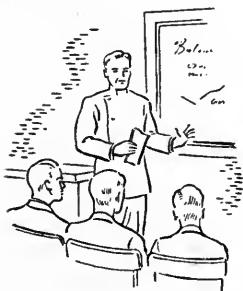
It has been the feeling that without a vigorous program of suppression, the health department, no matter how efficiently conducted,

operates on the periphery of the problem. Before a vigorous program of suppression was initiated two years ago, the military rates for infections contracted in the Norfolk area were 82.9 per 1,000 per year. Moreover, the American Social Hygiene Association reported very unfavorably on the amount of prostitution in the city. Contrast this with figures of the Fifth Naval District today, showing a rate of 20.1 per 1,000 per year and the recent report of the American Social Hygiene Association indicating definite progress and no obvious prostitution.

Certainly, the health department approves and encourages and is pleased, and while it does not participate in the suppression activities directly, it watches with extreme interest on the sidelines while the police department, headed by a man who really believes in suppression, does an excellent job along these lines.

At the present time, it is the opinion of all members of the venereal disease control program that more individuals of the promiscuous behavior group come to the clinic voluntarily than ever before. Therefore, it is felt that this studied and judicious close cooperation with other agencies, particularly law enforcement, has not interfered with the major efforts of health department case-finding.

Another factor in tightening our control is a close liaison between the several Navy family clinics in this area. Not infrequently, Navy dependents have attempted to avoid medical examination by stating that they prefer to go to "dependent" clinics. Unfortunately, there is a significant number of promiscuous individuals who married naval personnel for financial reasons. Such individuals are eligible for treatment at these family clinics and not infrequently choose to be examined there. Results of their examinations are available to the health department. Their failure to attend these clinics after a reasonable period of time is reported back to the health department. Epidemiological efforts can then be initiated by the venereal disease division.



One of the most significant developments which has come about in our relation with the Navy has been the establishment of a training school in conjunction with the city health department, for the purpose of teaching naval personnel the problems of civilian venereal

disease control. This school is a part of the physical structure of the clinic occupying the east wing of the health department's building. The plans for the training program have been initiated largely through the efforts and foresightedness of the United States Public Health Service and the Virginia State Department of Health, with the full approval of the Navy Department and the enthusiastic support of the city.

It has long been felt that some of the biggest points of misunderstanding between the civilian health departments and the military during the war came about from a lack of understanding of the civilian problems involved. Not infrequently a new, enthusiastic, young, naval venereal disease control officer, or possibly a corpsman, would phone the health department, holding in "righteous" indignation a contact report giving full name and address of a source of infection to a military person. Time and time again, criticism amounting almost to invective would be shouted over the telephone. "Why can't you get this girl after we struggled so hard to get this information?" Or even more indignantly, "Why isn't this girl locked up?"

Such "righteous" arguments were not unusual. They simply revealed that an appalling lack of understanding of the problems involved in the civilian VD control program existed in some military personnel assigned to venereal disease control work. It is hoped that this will be corrected by means of the classes, and that sufficient basic knowledge of the overall problems will be obtained by direct participation in local activities.

The medical and epidemiological staffs of the city's VD control division participate directly in the teaching in this school. The teaching of techniques of interviewing is done by a well-trained qualified individual assigned by the United States Public Health Service and the material used is obtained from the clinic population. Other persons who attend the school are police officers assigned to the vice squad, members of other divisions of the city health department, and investigators and nurses from other cities and states.

The school, however, is geared primarily toward the needs of naval personnel. We believe that their instruction in the school has contributed to more efficient epidemiological work. The knowledge of the physical aspects of the community and of its local laws, in terms of both its limitations and its advantages, as well as knowledge of the health department's functions gained by first-hand observation, contribute to a sum total better job.

This type of instruction can be adapted more or less to any community in which military activities play a significant part. It is only by direct participation in local activities that a military epidemiolo-

gist can perform his duties to a maximum degree. It is more than one has a right to expect that an interviewer, no matter how well trained, can do a good job without knowledge of the community from which most of the VD infections in military personnel are acquired. During the war, other things being equal, it was common experience that the individual who possessed knowledge of the city and city problems produced a significantly higher percentage of useful information in his epidemiological interviewing than the person equally well trained but without knowledge of the community.

We hope that this school will show itself to be sufficiently valuable to serve as a model for other similar projects in military areas.

Norfolk's health department makes consultative services available to the Navy for any special venereal disease problems which may arise. The civilian consultant, in addition, conducts a training course for interns and residents at the U. S. Naval Hospital, Portsmouth, Va. This also serves as a means by which medical information between civilian and military authorities can be interchanged and has created a close personal relationship between the medical staffs.

Another educational effort in which Norfolk's venereal disease control personnel has participated has long-range objectives. While this does not directly concern the military, it does indirectly in that members of the health department's VD division have been actively interested in courses in "Health and Human Relations" in the public schools and have participated in the teaching of parents and teachers in the school system. Such long-range plans, it is hoped, will produce the type of thinking which may lessen the probability of exposure to venereal disease and strengthen the moral code of our youth, some of whom will eventually become members of the Armed Forces.

Summary and Conclusions

As the result of mutual objectives in venereal disease control, a close liaison has been established between Norfolk's health department and the military personnel concerned with the VD problem in the Norfolk area. This is particularly true in the epidemiologic aspects of venereal disease control.

Information obtained by military interviewers is promptly telephoned to the health department, which is adequately staffed to initiate investigation within a few hours. Since frequently successful conclusion of VD investigations depends upon "leads" obtained from various sources which may prove cooperative, a detailed discussion as to how excellent cooperation is being obtained in Norfolk is presented.

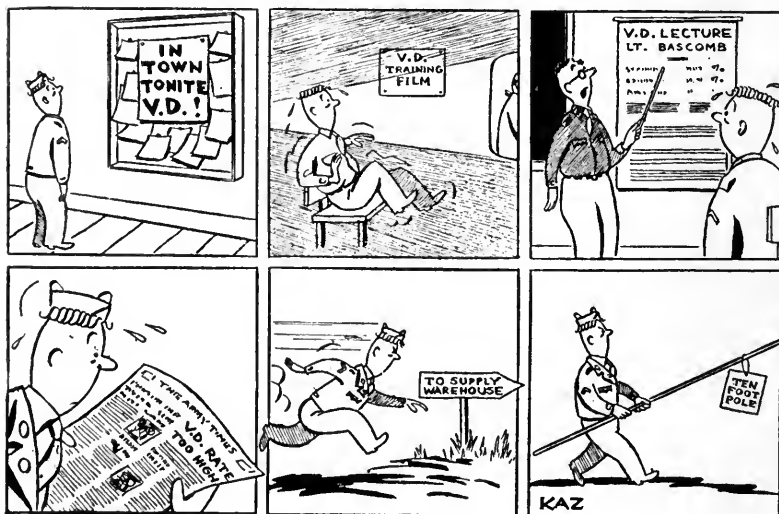
An effective program revolves around frequent interchange and pooling of information among all agencies involved in control, and the use of the proper proportions of persuasion and threat, followed by action when necessary. Persuasion is the only weapon employed by the health department, but the judicious application of threat or action by other agencies (police, shore patrol or Armed Forces Disciplinary Control Board) has enhanced rather than weakened the effectiveness of the epidemiologic efforts of the health department. It should be noted that practically all epidemiologic information obtained from the Navy concerns individuals of probably promiscuous behavior patterns accompanied by characteristics of antisocial and suspicious nature.

One of the most promising aspects of these joint efforts at VD control has been the establishment of a training school for navy corpsmen in Norfolk's venereal disease clinic. Teaching is carried out by civilians. The instruction which military personnel obtain concerning civilian problems both in the clinic and in the field will, we believe, make for better understanding and better epidemiologic work.

Civilian medical consultation and instruction for naval physicians has been successfully conducted for several years, and has created a close relationship between Norfolk and the medical department of the Navy. The relationship so well established is paying off in better health in both the community and the Navy.

I Wouldn't Touch It, etc.

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BOOK NOTES

Ritual in Family Living, by James H. S. Bossard and Eleanor S. Boll. Philadelphia, University of Pennsylvania Press, 1950. 228p. \$3.50.

Believing that ritual may be the best starting-point for the study of family life and a relatively reliable index of family integration, the authors cover the case histories of more than 400 families. They define ritual as a prescribed, rigid, purposeful procedure with overtones of rightness. Interviews, reminiscences and autobiographies reveal trends in family ritual from 1880 to 1946, with differentiations according to social, racial and religious elements, with special "social class" breakdowns.

Amplly illustrated with case material and clarified with summaries at the end of each chapter, the volume represents an original approach to the study of family culture.

Into The World, by Victoria Emerson and James J. Thompson. New York, Woman's Press, 1950. 125p. \$2.00.

Into the World is about the beginnings of life. It is also an exciting adventure story which most children from nine to 13 years of age will thoroughly enjoy.

Ten-year-old Ellen Gordon, a little city girl, goes with her family to spend a few days on the Sanford farm. She meets John Sanford, 11, and together they explore the delights of country life. They are awakened at night by a "proowler" and follow him in the moonlight to the barn where something very wonderful happens. Hortense, who looks like a cow but is not a cow, has a calf. Ellen is chased by Horace, the bull, and John saves her life. Later, when John visits Ellen at her home in town, the youngsters are involved in the mysterious disappearance of some very important papers. These are found under circumstances which bring great happiness to the Gordons, particularly to Ellen's big brother, Fred.

It is in the treatment of these dramatic episodes that this little story becomes "different." It somehow gives one the feeling that the questions Ellen asks about sex and birth are *right*, that to censor them out of an account of her experiences would be to rob these experiences of essential meanings, whether the book were written for instructional purposes or not. The adults in this story who answer these questions are sensible people who love their youngsters and respect their need to understand the *wholeness* of life.

One of the very nice things about this book is the wise and sympathetic way in which it deals with the courtship and marriage of Fred and Nancy. The starting of their family is part of the central theme and is skillfully related to the broader focus. Particularly

well done is the wedding scene in which the marriage ceremony is explained and the marriage vows are reverently interpreted.

The sex education of children is one of the most difficult problems facing parents and teachers today. Those looking for material to supplement and enlarge upon understandings developed in their talks with boys and girls will find this small book an invaluable resource. There are many good stories within the story which can be told to younger children.

MURIEL W. BROWN

Personal Adjustment, Marriage and Family Living, by Judson T. Landis and Mary G. Landis. New York, Prentice-Hall, 1950. 392p. \$3.00.

Written for those in their teens, this book is intended to help young people adjust properly to life's problems by understanding themselves and those with whom they have contact.

There is emphasis on the contributions necessary for happy family living, including discussions on problems and needs of grandparents. Effective emphasis is given to emotional values in dating, engagement, marriage and parenthood, but the physical and physiological relationships have been overlooked.

Some of the chapter headings give more specific indication of the content: What You Are, How We Meet Our Problems, Getting Along with Others, Dating, Engagement, Religion and Marriage, What It

Means to be Married, What About Quarreling?, You and Your In-Laws, Consumer Economics and Family Security, Divorce, Approaching Parenthood, Parents and Children, The Successful Home.

The book has many timely illustrations. Some are cartoons to provide humor; others are graphs and charts to enlighten the reader. Occasional checklists and self-testing devices add to the interesting aspects of the book.

At the end of each chapter are study aids: questions for review, problems and activities, words and terms, films and suggested readings. The appendix contains a list of films, filmstrips and their sources. There is an index for ready-reference.

MOREY R. FIELDS

Sex Education As Human Relations, by Lester A. Kirkendall. New York, Inor Publishing Company, 1950. 351p. \$4.50.

Dr. Kirkendall's latest contribution to the field of sex guidance presents many valuable aids, especially to teachers and administrators. The great volume of background material accumulated through the research and experience of the author builds a solid case for sex guidance.

Part I lists the evidence of the need for sex education and the favorable results of established programs. Part II is devoted to the philosophy and objectives. Part III, to institutional relation-

ships; i.e., home, church, school and community. Part IV, to methods of procedure and teacher qualifications, techniques, individual and group dynamics, evaluation and appraisal of programs. Part V, to content and materials.

The author is not, in any way, guilty of overemphasis in any one phase of the work. Neither has he taken merely a materialistic approach. He has, with remarkable foresight, weighed and presented the physical, social, emotional, moral, spiritual and ethical elements necessary to the adequate presentation of such vital and personal training.

Dr. Kirkendall has minced no words nor kowtowed to the inhibited and misinformed, but has objectively and humanely approached the subject of sex guidance in a manner defying opposition on any grounds.

In this book, he has compiled a most complete and comprehensive bibliography and list of source materials and other teaching aids.

This book is a must for teacher and administrator and a valuable addition to the home library.

WILLIAM F. BENEDICT

But You Don't Understand, a dramatic series of teen-age predicaments, by Frances Bruce Strain. New York, Appleton-Century-Crofts, 1950. 217p. \$3.00.

Josie "took things" . . . Pat was afraid of boys . . . Shorty wished he were taller . . . Stanley worried

because he was "adopted" . . . Babs and Phil married in haste. Whether it was these problems or those of the other young people who make up the cast of characters in this new book, all had a common denominator—lack of understanding, as they thought, on the part of their elders.

This wail of youth across the gulf between the generations is one familiar to all parents and others dealing with young people, through all time. Often it is heard with a tolerant smile and put down as mere adolescent temperament. Sometimes elders listen with seriousness and sympathy, but, knowing no way to bridge the gap, feel themselves as frustrated as the youngsters.

Not often enough, Mrs. Strain believes, do those charged with the training and guidance of youth realize that here may be the start of real trouble, which, if recognized and understandingly dealt with, may be averted.

She has written here 12 short dramatic stories, each built around the central figure of a fine, normal boy or girl brought into a critical emotional situation through lack of understanding of economic, social or sexual needs. She has furnished for each predicament a practical solution, though not always in terms of the usual "happy ending." As a skilled writer, she has presented her thesis in words that both grown-ups and young folks will understand and enjoy, with benefit to all.

JEAN B. PINNEY

Psychosexual Development in Health and Disease, by Paul H. Hoch, M.D., and Joseph Zubin, New York, Grune and Stratton, 1949. 283p. \$4.50.

This little volume presents the papers delivered at a conference of the American Psychopathological Association. The editors state that the articles and discussions aim at revealing "the great differences in opinion among competent observers and at demonstrating clearly that even though we have amassed a great quantity of observations, we still lack a comprehensive understanding of sexual behavior." No doubt that aim is achieved in the present volume.

Part I, "Orientation," deals with concepts of normality and abnormality in sexual behavior and psychosexuality in animals, and in various societies other than our own—i.e., western civilization.

Part II, "Anthropologic Approach," discusses sexuality in a primitive Indian group and in a non-literate culture, and psychological weaning in childhood and adolescence.

Part III, "Clinical and Psychoanalytic Approach," discusses childhood sexuality, adaptational view of sexual behavior, and psychosexuality in psychoanalytical experience.

The material is interesting. The authors are well qualified in their respective fields of science. Professionally trained and well oriented readers will find considerable of significance in this book. For others, it will, as suggested by the editors, settle no problems but

leave unanswered all questions of "what to do."

It seems to this reviewer that this field of study needs an A. N. Whitehead—both a scientist and a philosopher to relate facts to all the other pertinent facts in a wide variety of fields of knowledge. Nothing is true or significant by itself alone, but only in relation to other facts and experience. One of the discussants brought out this same point when he complained that what the speaker had done was to "tear sexual behavior out of the entire social context and give us only the end products. No, human sexuality cannot be studied in this way."

CHARLES WALTER CLARKE, M.D.

Principles of Internal Medicine, by R. R. Harrison, M.D. (editor-in-chief), with Paul B. Bee-son, M.D., William H. Resnik, M.D., George W. Thorn, M.D., M. M. Wintrobe, M.D., and 48 contributing authors. Philadelphia, Blakiston Company, 1950. 1590p. \$12.00.

This impressive book is the work of men actively engaged in medical practice, research and teaching. With one exception, the editors are members of the medical schools of Texas, Emory, Utah and Harvard universities. Of the 48 contributors, 24 are associated with these four schools, the remaining 24 being associated with 15 other medical schools and five research institutes. In a work such as this, where only the widest possible limitations are placed on

the definition of internal medicine and where the latest research data are embodied in the numerous sections comprising the book, it is desirable, if not necessary, to have numerous contributors, each a specialist in his field.

The approach of the editors and authors is a novel one. They begin by considering at length the cardinal manifestations of a disease—pain, weakness, shortness of breath and cough, disturbances of circulation, indigestion and jaundice, polyuria, oliguria, uremia and edema, alterations of weight, and anemia, bleeding and lymphadenopathy. Part II deals equally intensively with physiologic considerations, Part III with reactions to stress and antigenic substances, Part IV with metabolic disturbances and Part V with disorders due to chemical and physical agents.

The first five parts require half the book for these presentations. It is only on page 776 that the authors begin, where the conventional text of the past usually began, to deal with diseases due to biologic agents. The seventh and final part of the book deals with diseases of organ systems.

The new approach of this book is refreshing and will be welcomed by all internists and general practitioners of medicine.

Syphilis is always included in books on internal medicine and is adequately dealt with in this text. The author of the section on syphilis is Dr. Albert Heyman, a brilliant young member of the faculty of Emory University and of the

staff of the Grady Hospital, Atlanta. He also wrote the sections on other spirochetal diseases, including yaws and pinta.

Such diseases as granuloma inguinale and lymphogranuloma venereum, which only occasionally present systemic manifestations, are not usually included in books on internal medicine, but they are included in this work. Attention is called to the fact that granuloma inguinale sometimes causes arthritis and osteomyelitis, resulting in death. Lymphogranuloma venereum causes systemic manifestations—fever, headaches, malaise, anorexia and chronic rectal lesions often mistaken for tuberculosis or carcinoma.

Gonorrhea, the commonest infectious disease excepting only measles, frequently has grave systemic manifestations, including arthritis and tenosynovitis, and quite rarely perihepatitis, endocarditis and bacteremia. Dr. Max Marshal, also of Emory University's Medical School, wrote the excellent section on gonococcal infections.

In view of the time required to write, edit, publish and place on the market such a book as this, it is remarkable that the treatments suggested for the several venereal diseases should be up-to-date, for their therapies have changed, especially during the last two years.

From a literary standpoint, this book is economic of words—nothing picturesque or dramatic. It is well printed and adequately illustrated.

CHARLES WALTER CLARKE, M.D.

Principles of Public Health Administration, by John J. Hanlon, M.S., M.D., M.P.H. St. Louis, C. V. Mosby Company, 1950. 506p. \$6.00.

Personnel management, principles of government, law and organization, personal and public relations, budget-making, engineering, epidemiology, vital statistics, education, laboratory sciences are fields of knowledge with which a public health administrator must be familiar in addition to being a well-trained physician. These fields comprise the subject matter of this excellent book.

Part I gives the historical background of modern public health. Part II deals with administrative considerations. Part III deals in some detail with the present typical structure of official public health organizations—by functions—as well as with voluntary health agencies.

In a number of respects, Dr. Hanlon's book is unusual among the large collection of works on public health. It is well written and enlivened and embellished by references to a vast background of history and literature. It is primarily a book on public administration as applied to public health, and it demonstrates sound knowledge of and experience in good administrative practices.

Every public health worker should have and should study this book, and others may read it with interest and benefit.

CHARLES WALTER CLARKE, M.D.

The Social Welfare Forum, 1950. Proceedings of the National Conference of Social Work. Volume 1. New York, Columbia University Press, 1950. 344p. \$4.25.

The first of two volumes, this contains fewer than 20 of the principal addresses given at the National Conference of Social Work in Atlantic City in April of 1950.

Taking as a theme, "Opportunity, Security, Responsibility: Democracy's Objectives," the proceedings spotlight the social changes taking place in America. Part one deals with physical, mental and social well-being; part two with the Survey Award; and part three with a report of the section and associate group meetings.

Directory of Social Agencies of the City of New York, 1950-1951. Committee on Information Service of the Welfare Council of New York City. New York, Columbia University Press, 1950. 513p. \$5.00.

This 48th edition covers about 1,100 non-profit social and health organizations which have reported data and borne a share in the publishing expense of the book.

The first list is classified according to function, the second according to the name of the agency, with a description of its purpose, the third gives the names of directories useful to social workers, and the last is a personnel index. Cross-references make it a simple matter to find the information one wants.



O. Spurgeon English, M.D.

Dr. English trained for his work as head of Temple University Medical School's department of psychiatry at Jefferson Medical College and Harvard and in clinics in Vienna and Berlin. His article, which appeared first in the *Bulletin of the Menninger Clinic*, re-appears here with the permission of the Menninger Foundation.



Mae Fleming

Now chief supervisor of welfare services in Canada's Department of Health and Welfare, Miss Fleming studied at the Universities of Chicago and Minnesota, New York School of Social Work and Rutgers University and has held social work positions with agencies in New York, Boston and Louisville, as well as in Toronto and Ottawa.



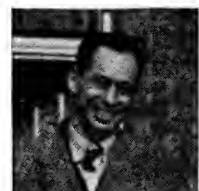
Dorothy H. Sills

During World War II Mrs. Sills, field director of the National Travelers Aid Association, trained professional and volunteer staffs for work with servicemen. Previously, with International Social Service, she helped displaced persons, servicemen's dependents, veterans and others requiring coordinated service in two or more countries at one time.



Miriam Van Waters

One of the nation's eminent authorities on crime and crime prevention, Dr. Van Waters is superintendent of the Massachusetts Reformatory for Women. Recently the Penal Affairs Committee of the United Nations selected her as the one woman on a panel of 12 Americans to give advice on the rehabilitation of women offenders.



Harry Pariser, M.D.

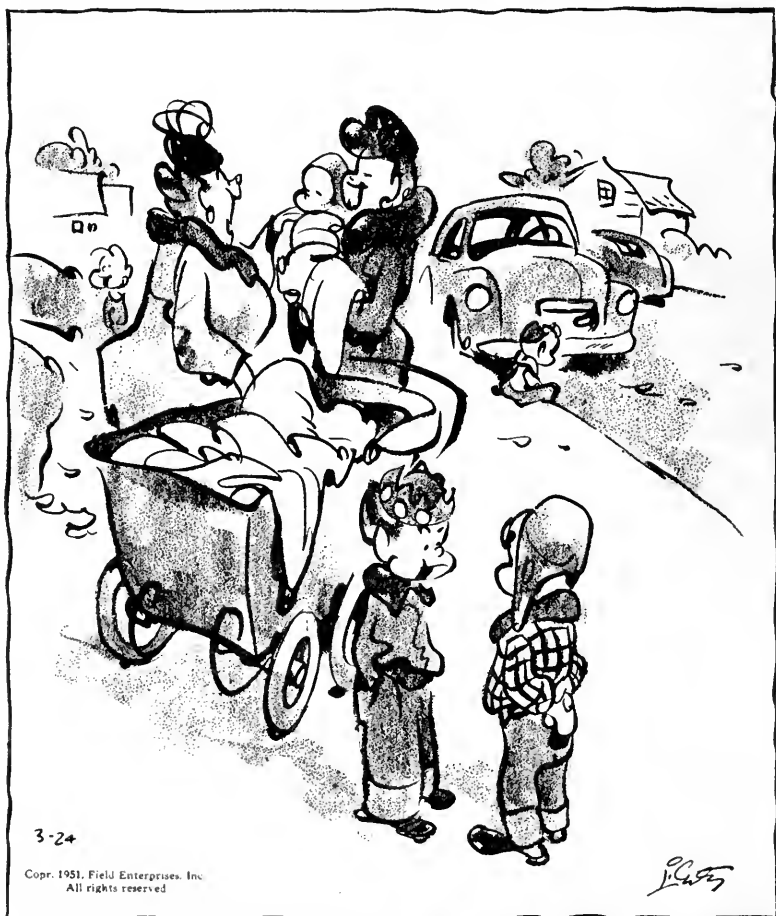
Dr. Pariser is dermatologic consultant to the Veterans Hospital, Kecoughtan, Va.; Naval Hospital, Portsmouth, Va.; DePaul, Community and Norfolk General Hospitals, Norfolk, Va.; VD consultant to the Norfolk Health Department; and chairman of the Virginia State Medical Society's VD committee.

THE LAST WORD

GRIN AND BEAR IT

By Lichty

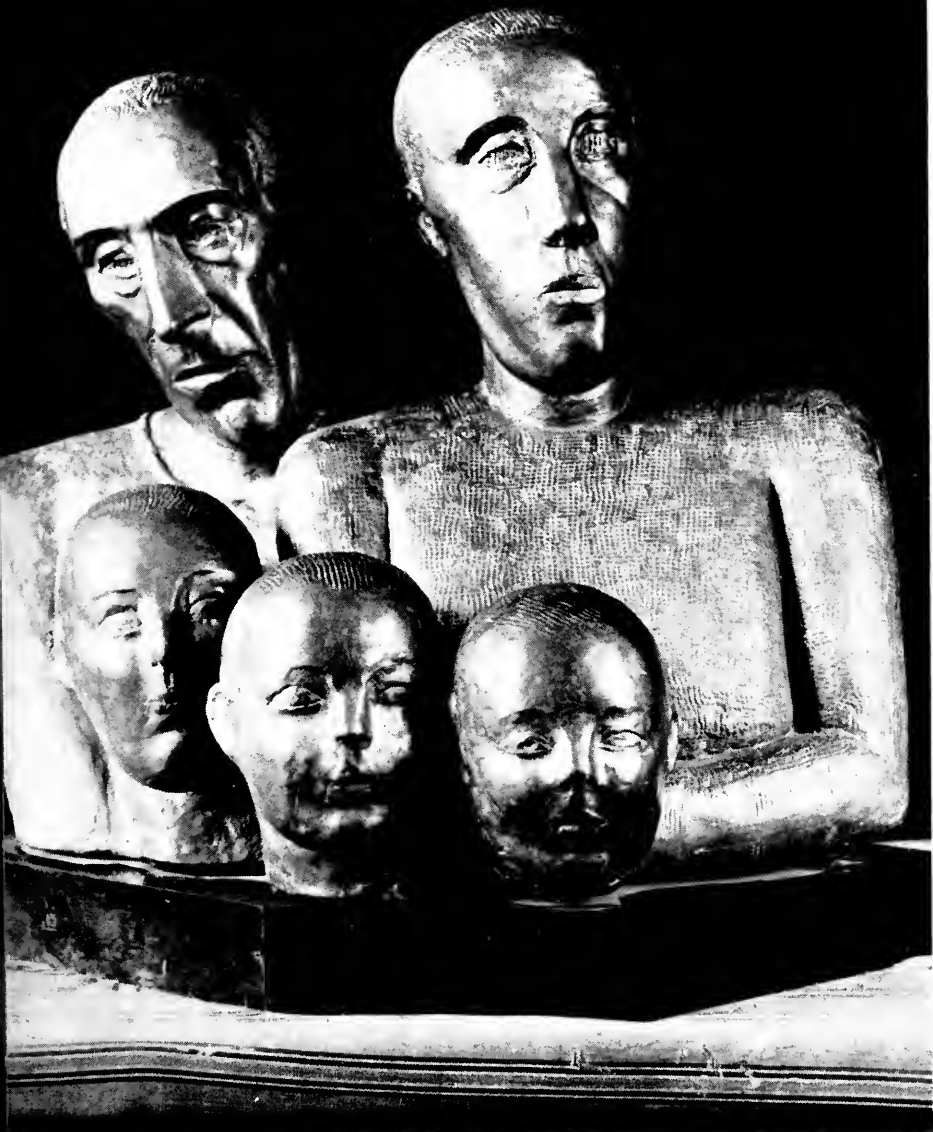
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"I thought we got honey from the bees and flowers . . . HE must be just a by-product . . ."



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ABOUT OUR COVER . . .

American Miner's Family, bronze group by Minna R. Harkavy, in the Mrs. John D. Rockefeller, Jr., Purchase Fund Collection of the Museum of Modern Art, New York. Sixth of a series of Journal covers on family life . . . reproduced with the permission of the artist and the Museum of Modern Art.

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Reprinted through the courtesy of *Woman's Day Magazine*

SOUND ATTITUDES TOWARD SEX

by Dr. Lester A. Kirkendall

We are in the midst of a tremendous change in our customary attitudes toward sex. The subject is treated with increasing freedom and frankness in print, on the radio, and among people of all ages and levels.

This current trend received its main impetus from the works of Freud. His demonstration that sex is associated with the total personal adjustment gave a convincing reason for objective discussion of the subject. Today, a growing mass of evidence proves that sex cannot be understood except as it is regarded as a part of a total personality and behavior pattern.

Address given in Kansas City, Mo., October 11, 1950, at a conference on sex education sponsored by the Kansas City Social Hygiene Society.

Today, we can point to a remarkable beginning in research concerning human sex behavior. Forty years ago, human sex behavior was an almost untouchable area. The idea of research in it was revolutionary.

The first systematic study of sex behavior involving human subjects began less than 40 years ago with the studies of Drs. R. L. Dickinson, M. J. Exner and G. M. Hamilton. Now we have Dr. Kinsey and his extensive research. His work is certain to keep interest focused on human sex behavior for a number of years and to make for even more freedom in discussion of sex matters.

Freedom of discussion is all to the good. The question is: Will we handle it wisely? If we do, the results can be constructive. If educators, parents and other responsible leaders are frightened by the customary taboos and inhibitions, the way is open for unscrupulous commercializing and exploitation of this freedom. This is the chance and the time to develop a sound educational program.

Without doubt, we need an improvement in our attitudes toward sex. When visiting in America recently, Dr. Cyril Bibby, well-known British writer on sex education, commented that the average Englishman thought the usual American attitudes toward sex quite immature. Without doubt, we need a balanced, mature attitude toward sex. After sex has been treated so unnaturally, and tabooed for so long, this is a hard task. With so little experience with what is natural and mature, it is difficult to judge what is unnatural and immature. We are so involved in our own attitudes that we are unable to appraise them.

For these reasons, I shall analyze here seven of our common attitudes toward sex, and suggest improvements in them.



*Sex
is part
of the
total
personality.*

1. We need to move from

an attitude regarding sex

as primarily physical

} to

a concept of sex as an
attribute of total personality

People will never comprehend the place of sex in life nor understand sex behavior so long as they regard it as primarily a physical

experience. Yet this is a common view. Many people assume that all sex behavior is motivated by the desire for sensory pleasure. They are unaware of the numerous factors which motivate it. They do not realize that sex behavior is an aspect of total personality adjustment, nor do they see the interaction between sex and other aspects of personality.

Many people are uncertain of the relation between sex and love.

Sex and Affection

Dr. O. Spurgeon English has contributed to our understanding on this point. He says that to think of expressions of affection as touch-pressure relationships helps us see the relation of sex to affection. Whenever we feel affection for people, we want to be close to them. We want to touch, to embrace, to come close. We find pleasure in close physical intimacy.

An obvious example is when parents embrace and caress their children in infancy. Both parents and children enjoy this. The same expression is seen in animal life. A dog, or a horse, will press close against his master. The pet enjoys the close physical contact. The master, in turn, pats and caresses the animal. Adolescent petting has the same origin. Carried to its logical conclusion, it involves love-stricken youth in sexual intercourse, for sexual intercourse is the most intimate and pleasurable of all touch-pressure relationships. The desire for it is a natural consequence of a growing feeling of love and affection, although, of course, sexual intercourse with a definite degree of physical pleasure may occur when there is no affectional attachment.

Two studies have demonstrated the relationship between sexual behavior and total personality adjustment. They were made in the San Francisco Psychiatric Clinic. The studies, with 365 women and 255 men as subjects, probed the motivation for promiscuity. Was it a desire for physical satisfaction, or something deeper?

This quotation was taken from the study on women:

"Contrary to popular belief, no evidence was revealed to indicate that this problem is produced by above-average sex drive. In fact, *the majority of habitually promiscuous patients used promiscuity in an attempt to meet other problems rather than in an attempt to secure sexual satisfaction.*"¹

¹ Ernest G. Lion and others, *An Experiment in the Psychiatric Treatment of Promiscuous Girls*. San Francisco, California: City and County of San Francisco Department of Public Health, 1945. (Italics in the original)

In discussing the motivation for habitual promiscuity in men, the investigators say:

"Promiscuity . . . was revealed to be a problem in interpersonal relationships . . . was engaged in in an attempt to solve other problems. In nearly all cases, this behavior appeared to be the result of conflicts, inadequacies or disorganization within the personality. Incapacity for sustained love relationships, or impairment of that capacity, was revealed by almost every patient. Active hostility toward women was present in varying degrees among some of the men. . . .

". . . no evidence could be secured that promiscuity was the result of greater-than-average sex drive."²

Unmarried Mothers

A study of unmarried mothers gives further evidence of the close relationship between personality development, home conditions, education and sex behavior. This study concludes:

". . . the typical unmarried mother of this study tended to come from an unhappy home usually broken by either the death of one or both of the parents, in which case the mother generally worked out—or where the parents, or particularly the mother, was suffering from some form of ill health, and where the parents, although often affectionate toward their children, were not in the majority of cases considered real 'pals.' . . . The unmarried mother tended to be ignorant or partially ignorant of the facts of reproduction, having received what information she possessed, true or false, from friends and companions rather than from her school or home. . . ."³

When people understand that sexual behavior is an aspect of total adjustment, it will be neither possible nor desirable to ignore it. Those who indulge in harmful and exploitative sex behavior will still have to be controlled, but they will be regarded more as immature and unsocial personalities than as sinners.

Sex has three functions in life.

The first is the reproductive function, which is so well understood that it needs no further elaboration here.

² Benno Safier, M.D., and others, *A Psychiatric Approach to the Treatment of Promiscuity*. New York: American Social Hygiene Association, 1949, p. 42.

³ Enid S. Smith, "A Study of Twenty-Five Adolescent Unmarried Mothers in New York City." *Education*, 57:172-77, November, 1936.

The second is physical pleasure and satisfaction. This function is often disproportionately emphasized, especially by poorly informed persons. It is a legitimate aspect of sex, however, and should be so recognized.

The third function is the use of sex as a communicative, unifying factor. This function of sex is hard to explain to those who have always thought of sex in physical and sensual terms. Yet we communicate with each other through caresses, embraces and handclasps. In grief, or under strain, these methods of communication are sometimes even more meaningful than verbal expressions.

In stressing techniques and procedures of intercourse as the key to sexual satisfaction, many marriage manuals seem to overlook this function of sex. They equip couples with the mechanics of expression, but fail to realize that they may have nothing to express to begin with.

The communicative and unifying satisfactions of sex can be experienced only as psychological and personality values are associated with it. This carries one far beyond the merely physical aspects of sex.

2. We need to move from

irrational moralism

non-moral attitudes

} to insightful morality

Sex and Sin

For centuries many people have clung to the idea that any expression of sex, especially during the premarital period, was sinful. Some went even further. Sex might be necessary for procreation in marriage, but it was not to be enjoyed. Sex was not to be discussed. The moral person subdued all thoughts, feelings and expressions of sex during the premarital period, and indulged in it after marriage in complete secrecy.

The consequences of this attitude toward sex are still seen in counseling. Counselors meet disturbed boys and girls who fight to repress and seek to disown their sexual nature. They think of their normal impulses and desires as base and unworthy, and deprecate themselves when they cannot subdue them.

Seeking to escape this unrealistic and harmful attitude, some few persons take the point of view that sexual considerations are non-moral. Sex is regarded as a "natural" function and, because it is, it may be exercised whenever "normal" desires impel the person.



*Youth
seeks to
understand
the reasons
for morality.*

Extremely harmful exploitation, without doubt, may occur in the name of sexual satisfaction. Social problems and individual maladjustments may be created or increased by the way in which sex is used.

Dr. Kinsey has been criticized for taking a "non-moral" view of sex. Yet in his volume, so largely devoted to statistics, is this sentence: "Sexual histories often involve a record of things that have hurt, of frustrations, of pain, of unsatisfied longings, of disappointments, of desperately tragic situations, and of complete catastrophe."⁴ If this statement is true, as we know it is, we must reject the idea that sexual behavior is a strictly non-moral matter.

An insightful morality is needed. We should neither be afraid of sex nor laud it just because it is sex. Our problem is to recognize it as a normal phase of living and approach it in an understanding manner.

This attitude is particularly important in the education of young people. Youth seeks not to disregard morality, but to understand the reasons for it. I remember a boy who, questioning the prevailing

⁴ Kinsey, Alfred C., Pomeroy, Wardell B. and Martin, Clyde E., *Sexual Behavior in the Human Male*. W. B. Saunders Co.: Philadelphia, 1948, p. 42.

standard of premarital chastity, began by saying, "I know religion is against sexual relations before marriage, but what is the 'real scoop'?"

The "real scoop" means understanding, in terms of life adjustments, the advantages, disadvantages, problems and recompenses of the different modes of sexual adjustment which youth see, hear discussed or read about.

Meeting Questions Squarely

"What is the harm of masturbation?" "If a couple love each other, and use contraceptive measures, isn't it all right for them to have intercourse?" "Why should we deny sex desire, when it is natural?" "Why is prostitution wrong?" These are questions which must be met squarely and without evasion. Platitudes and pious evasions will be rejected by youth. They want to understand why certain standards exist, and, if they are observed, what may be gained from following them.

This means that the average person must probe the relationship between sexual behavior and the total personal and social adjustment a great deal more thoroughly than he has ever done before. We have much rethinking and re-evaluating to do.

An example of a questionable evaluation which needs to be rethought is the opprobrium which still too often attaches to the unmarried mother, as compared to the person, who having been involved in adultery and having contributed to breaking up a home, is still received in polite society. One would think that the unmarried mother had broken all her vows and harmed society in a much greater degree than the person who has committed adultery. Or why should the unmarried mother attract more social disapproval than the unmarried father?

The scientific findings regarding masturbation, premarital intercourse, homosexuality, prostitution and other social practices need to be studied, related to human values and goals, and an insightful morality developed.

3. We need to move from a

hush-hush attitude

garrulous attitude

} to an objective consideration of sex

The first attitude is an obvious and common one. It is an ostrich-like denial that there is such a thing as sex.

People who react against the old hush-hush approach often express their emancipation by becoming garrulous about sex. Reacting against former taboos, they now discuss it at every opportunity, whether the occasion justifies it or not.

The sweeping away of taboos from a subject of vital interest always has this result. A tremendous reservoir of curiosity and suppressed interest is released and we are inundated with words, articles, books and talk. We are now in this stage. Dr. Kinsey's publications and the resulting comment have been especially influential in breaking through the barriers. His study has been hallowed and protected by the scientific approach. With its publication, it suddenly became more permissible to talk about sex. The result has been a garrulous outpouring of books and articles.

The issue, of course, is actually not quantity, but quality and purpose. We need an objective consideration of sex to help us understand the place of sex in life, and understand how to direct sex wisely.

If we can develop an attitude of objective, purposeful consideration toward sex, in the long run there will be less talk about it. This will be no virtue either, unless it signifies that at last people have gained long-needed insight and understanding.

Poised Acceptance

4. We need to move from a

grim, dour attitude	
frivolous attitude	} to <u>poised acceptance</u>

I shall always remember an introduction I received to a class of boys in physical education. Their instructor had invited me to discuss some questions about sex which the boys had raised. As the instructor closed the introduction, he turned to the boys and, almost glaring at them, said, "I don't want any smiles from any of you fellows while Dr. Kirkendall is talking. Wipe 'em off."

As I stepped forward, I staged a hasty debate and decided that the joke I had thought of using was now necessary to relieve the tension which had been created. Not smile, indeed! Of course, I wasn't wanting frivolity, but neither did I want the boys sitting there tense and grim.

Our problem is to find a satisfactory middle ground. Like the tight-rope walker who has lost his balance, we swing first in one direction and then the other in our attempt to attain it. Our trouble is that, never having had a balanced attitude, we don't know when we have gained one.

Sex
can be
light-hearted.



An attitude of poised acceptance would surely grant that there are both serious and light-hearted things about sex . . . that it has its serious and its amusing sides. In fact, a sense of humor is often a saving grace. I'm encouraged to believe that we are moving in the direction of poised acceptance.

5. We need to move from an attitude of
fear and dread

shocking bluntness } to straight-forward frankness

Our present problems of handling sex grow, in a large measure, from fears associated with it. We *fear* sex. We fear our boys and girls will be involved in some form of sexual behavior. We fear the consequences if they are. We fear community reactions. We dread the day when we have to face questions of sex frankly with our children.

We sometimes make strenuous efforts to avoid direct involvement with sex. Some time ago I received a sex education pamphlet addressed to adolescents. The author seemed quite elated that the entire pamphlet did not once contain the word "sex." He used "physical need," "the creative urge," "the conjugal relationship," "the illicit union" and similar phrases. Personally, I feel that such an effort only strengthens our attitude of fear and dread.

This attitude is expressed in the many emotionally-toned words which we use in writing about or discussing sex. For example, masturbation is still called "self-abuse" by some. It is defined in the dictionary as "self-pollution." I recently read a theme on child development in which the writer, a mature graduate student, spoke of the common genital exploration of a child. She referred to this as "violating himself."

Homosexuality

We call conduct which deviates too much from common, accepted practices a "perversion." Homosexuality is an example. Yet if we accept the psychiatric explanations of causation, we can hardly

apply the dictionary definition of "perversion" to homosexuality. According to the dictionary, perversion means "obstinate in the wrong, willful." The synonym given is "cranky." This hardly describes the situation of a person whose emotional growth is thwarted by environmental circumstances so that he is blocked at the homosexual level.

A shocking, seering bluntness can, of course, damage efforts to build good attitudes toward sex. This extreme should be avoided.

We do need an attitude and a vocabulary which will enable us to speak frankly and straight-forwardly about sex.

6. We need to move from an attitude of

strictly individual concern	to	a recognition of social
<hr/>		
		implications of sex



*Sex
is not
just an
individual
matter.*

Sex has been considered for so long a strictly private matter that the average person finds it hard to think of sex in social terms. Ask an individual or a group if the sex life of an individual, or of partners in a sexual experience, is any business of people in general. The usual reaction is that it is not. What the person or couple do in their sexual relationship is their concern alone. Let society mind its own business!

Yet a little thought very shortly indicates that a strictly *laissez-faire* attitude is unacceptable. We need to consider the relationship of sexual behavior to social welfare, and to support an attitude which predisposes individuals to think in terms of group welfare.

7. We need to move from an attitude of

rigid masculine dominance, and female subordination
<hr/>
regarding the sexes as alike in all respects

}	to	a flexible, equalitarian regard for individual personality and an acceptance of the unique values of sex membership
---	----	--

*New
sex education
books emphasize
individual
roles
of the
sexes.*



The inclusion of this attitude represents the growing concern for making all aspects of male-female relations a part of the consideration of sex education. There is much to be said on this topic, and books have been written on it.

The last century has seen women gaining much greater freedom. A wider range of activities has been opened to them. New occupations, voting privileges and political influence have accrued to women. Yet in many of our attitudes we have failed to accept these changes in the status of women. The American philosophy, someone has said, is that "men and women are equal, only men are more equal than women."

Early feminist leaders reacted to the rigid patterns of masculine dominance—feminine subordination which are part of the paternalistic family system with a counter-argument. Men and women, they said, are exactly alike and should be treated alike in all respects. The leaders of the early "equal rights for women" movement were especially vigorous in espousing this idea.

Unique Contribution of Each Sex

Liberal thinkers have pretty largely emerged from that stage today, however. They now believe that men and women need to accept each other as individuals with different capacities and potentialities. The more traditional, self-conscious awareness that each belongs to the "opposite sex" is a hampering attitude. They realize that each sex has an important and unique contribution to make to family and social life. This is an important element in a more satisfactory attitude. It enables both men and women to gain their personal satisfaction and prestige from their own contributions, rather than at the expense of members of the other sex.

The area of masculine-feminine understanding is one of our frontiers in developing improved relations between the sexes.



U. S. Army photograph

CHARACTER GUIDANCE IN THE ARMED FORCES

by Lt. Col. (Chaplain) Martin H. Scharlemann

The character guidance program, as it is presently set up in the Army and Air Force, dates back to the fall of 1946 when the first experimental unit in universal military training was created at Fort Knox. The blueprints for that course included talks by the chaplains on citizenship and morality. These instructional periods were part of the regular training program. That was the distinctive feature in the origin of the present program.

At that time, we did not use the expression "character guidance." This term did not develop until August, 1948, when the Army published its Circular 231, followed by Air Force Regulation 35-31, in November. From that time forward, the program has been known as character guidance.

In order to understand the full significance, it is necessary to begin with a few definitions.

The term "character," as you can well imagine, has many meanings. The word can be used in a morally neutral sense. As such, it would signify that each one has his own particular and peculiar

Speech before the Texas Welfare Association, November 17, 1950, at San Antonio, Texas.

character, which makes him different from everyone else. We also use the word "character" in such expressions as "He is quite a character," meaning that there is something peculiar and queer about an individual. Recently someone remarked that "character" in this sense signifies "a jerk with a personality."

So far as the present program is concerned, "character" has a very specific meaning. It is morally positive. It connotes "the organization of life around a central loyalty which has moral worth and validity." We use the word "organization" to point out that character is something a man can achieve, that he can work at. There are definite organizing principles which, when properly applied, create and strengthen character.

A Central Loyalty

Character is possible because human beings are so created that they can have a central loyalty, a personal faith, if you wish. Now, not every central loyalty has moral worth and validity. Selfishness as the master-switch to an individual's life is utterly immoral. Character is not developed, therefore, by organizing life around that kind of principle.

Speaking of organizing, we might liken the formation of character to the building of an arch. An architect's arch is a heap of stone until and unless it is organized and grouped around a keystone. The keystone holds the pattern together. So it is with life. Unless there is some keystone conviction by which experience is organized, the individual remains little more than "a bundle of feelings."

The development of character, then, is more than a problem in addition. We cannot say that honesty plus tact plus courage plus integrity equals character. Something is added by the presence of a central loyalty.

That is why those psychologists who speak of character at all sometimes describe it as a "clustering of traits." A cluster is organized. It has a central stem, around which everything else is grouped.

In the military's character guidance program, therefore, we stress the fact that virtues should be developed by loyalty to a personal conviction. It is not sufficient to be honest out of fear of the consequences for being dishonest. A man must be honest from some central motivation in life. He must choose to act honestly because of personal principle. Then, and then alone, does he develop character. Character, then, becomes domination of life by principle.

In passing, we may note that so far as this program is concerned, the central loyalty we want to inculcate is a devotion to freedom.

Just how this is connected with character guidance we shall see a little later on.

The term "guidance" is taken from the field of education, where it means setting forth certain principles and then applying them to the individual or, rather, training the individual so that he applies them to himself. We are concerned, therefore, in the Armed Forces' character guidance program less with doing something for the serviceman and more with doing something about him.

Can He Say No?

It is one thing to suppress vice. It is quite another to develop the kind of person who, in a situation of temptation, has the moral understanding and backbone to say "No!" Very frankly, we are more concerned with this latter goal than with the former.

Naturally, environment does play a part, and that is why the American Social Hygiene Association is vitally interested in the character guidance program of the military. However, so far as the Army and Air Force are concerned, the emphasis of the program is very heavy on moral guidance of the individual.

We do not need to spend any time on the term "program." Its use merely underlines the fact that this is a concerted effort by the whole Army and the whole Air Force to duplicate, so far as the

*Environment
does
play
a part.*

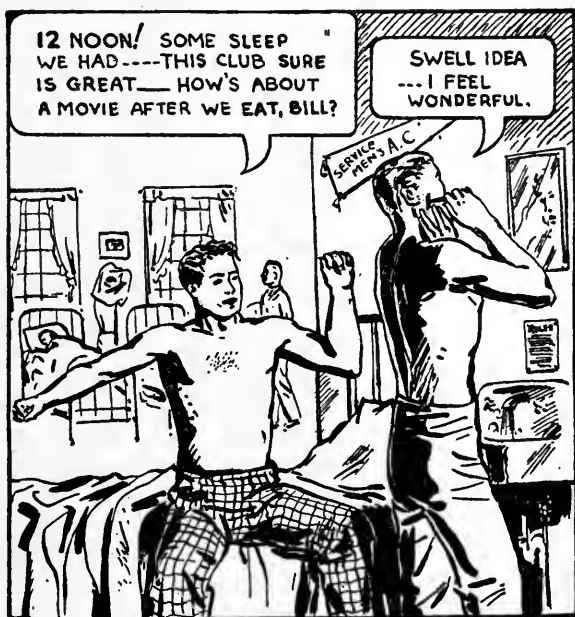


military situation will permit, the wholesome influences of home and community. A great many people are connected with the program.

At the moment, I am concerned primarily with the contribution people make to this program by their interest. We have already indicated that when the basic idea of character guidance was implemented at UMT, the chaplain was put on the training team. This was done at the express desire of General Devine, who clearly understood that military training involves the training of the whole man.

In an article of his entitled "What Is A Tough Soldier?" based on his own observation and experiences, General Devine has set forth his general approach to character guidance. There he says, "There is no reason why the behavior standards, both moral and ethical, of a group of soldiers should not be as high as, or higher than, those of a comparable group of men anywhere in the world. The average young soldier wants to do the right thing, and he will do it if he knows what it is . . . What he needs, more often than not, is proper guidance and proper leadership, with a strong hand on the reins." Then he goes on to say that "the chaplain's weekly hour is at the heart of the character guidance program." It is this element in the character guidance program that I am most concerned with right now.

Young
soldiers
want
to do
the right
thing.



To make it possible for the chaplain to carry out this part of the program, there has been prepared for him a series of 80 instructional units called "The Chaplain's Hour." These cover the principles of morality as they apply to citizenship. Just now this whole series of lectures is being prepared for printing and distribution in six manuals appearing under the signature of General Marshall, as Secretary of Defense. In other words, they have become the doctrine of the military establishment.

So far, we have discussed the definitions which go into an understanding of the character guidance program. We must now give some thought to the objective of this effort. The character guidance program has one major purpose, to develop within the individual a sense of responsibility.

This was selected as the primary objective of the program because the chief problem with which all of us have to reckon is the attitude which says, "Let George do it." We are harassed on every side by the philosophy of excuse and need more of an appreciation of individual responsibility to preserve our free way of life.

To achieve its primary objective, the military's character guidance program inculcates four truths. These might be called the four sides of the sense of responsibility. They are the following:

- The individual must understand the moral fiber of the nation.
- He must be aware of the moral opportunities and obligations of the military profession.
- He must understand the connection between personal attitudes, behavior and their consequences.
- He must show a sense of service and sacrifice in the performance of duty.

As to the first point, the program is at pains to point out what moral ingredients have gone into the creation of our way of life. Just by way of illustration, we might point to the fact that in the Declaration of Independence there are no less than five references to God as the author of freedom. Moreover, to give expression to this moral element in our way of life, we have on the coin of the realm the words, "In God We Trust." Furthermore, our Congress opens each session with prayer. Each year the President of the United States, as Chief Executive, issues a Thanksgiving Day Proclamation, in which he invites us all on a certain day to give thanks to Almighty God for the blessings of the past and to implore His help for the future.

These things need to be pointed out to be appreciated. As a matter of fact, our way of life is incomprehensible without some recognition of these particular facts.

As to the second item, the moral obligations and opportunities of the military profession, the serviceman needs to be reminded of the nature of his service. By his very job, he stands between anarchy and order. He stands at the frontier. The frontier is not a geographic line only. Society is always in contact with its enemies, and wherever the social order threatens to break down, there you will find the serviceman. This strikes us as particularly important today, since we are confronted in this so-called "cold war" by experts in anarchy.

What's more, the serviceman is a pioneer. He is always creating something new. It is remarkable how much in our way of life has had its source in the activities of the military. There is the conquest of malaria, the building of the Panama Canal, the use of sulphur drugs, and even the invention of the windshield wiper. All of these, chosen quite at random, are the result of pioneering by the military establishment.

The serviceman, moreover, is a defender of the weak and down-trodden. It is something of a paradox, that, on the one hand, the serviceman is trained to take life in defense of self, but that, on the other hand, he makes it his business to help the oppressed.

Authority

The character guidance program also points to the fact that the serviceman lives under authority. This concept of authority is often not well understood, but it needs to be, and so the teaching side of the character guidance program is concerned with depicting the nature and function of authority in a free way of life.

Then, of course, the program is also very much concerned with pointing out the connection between personal attitudes and their consequences and character. The fearful thing about human life is that wrong attitudes destroy character.

We spend much time in the character guidance program teaching that, as there are laws in physics and chemistry, so there are laws of human behavior. However, we hasten to add that in the case of human beings these laws can always be disobeyed, to the harm of the individual.

Then, finally, to develop a sense of responsibility, the character guidance program is concerned with the matter of showing a spirit of service and sacrifice on the job. That, in a sense, is the sense of responsibility. A man with a sense of duty will not walk off his job at 5:00 o'clock if the work requires him to stay till 5:15.

Because of the world-wide commitments of the United States, doing one's duty may require a great deal of service and sacrifice, particularly in personal convenience. But that is part of the sense of responsibility.

A responsible person, as you are aware, is one who does not cut himself off from the rest of humanity as though he were an island. On the contrary, a responsible person is very much concerned with what has gone before him, with what is going on around him, and with what shall follow him.

You may ask how this sense of responsibility is related to the devotion of freedom which is the keystone conviction the program tries to inculcate. These two are two sides of the same coin. A devotion to freedom put to work is the sense of responsibility. In other words, the sense of responsibility is the devotion to freedom in practice. It is in this sense that the objective of the program, the developing of a sense of responsibility, is at the same time character building. For it does inculcate a central loyalty around which life can be organized.



*Freedom
to choose
rightly
fosters
character
growth.*

Perhaps, in passing, it should be noted that freedom, and freedom only, makes character possible. The individual must have room to choose, and that elbow-room is what we call freedom. Putting it another way, we might say that freedom is what I do with my choices. As I choose from step to step, I either strengthen or weaken my character, depending on the nature of the choices I make.

No one has more clearly described the connection between freedom and character than Dostoevsky in his "House of the Dead." Dostoevsky was in his day a liberal. For his pains he was sent to Siberia, to prison. He later escaped to tell of his experiences. He described how the characters of individual people gradually disintegrated because they had no choices to make. They got up when they were ordered to, they ate what was put before them, they did whatever was required by command. Although physically present to do a certain amount of work each day, these people were in fact dead. They had lost that which made them persons, their characters. Hence the title of the book.

Freedom

We cannot emphasize too strongly that the character guidance program is concerned with the idol of freedom, particularly as it affects character. This is of special significance today, because the world-wide conflict in which we are engaged today is concerned with the nature of freedom.

On the other hand, there is communism, which says that freedom is my right to do what I have to do. This gives me no choice, except to follow the party line. Engels once put it like this, "Liberty is the knowledge of necessity." That is to say, a communist is under obligation to find out what is required of him in a given situation by the party. Then he must do what is necessary. That is the extent of his freedom.

Oughtness

In our traditions, freedom is my opportunity to do what I ought to do. The word "ought" does two things. It points to the fact that there are certain basic moral principles which are binding on human conduct. Moreover, it makes the following of these principles the responsibility of the individual.

Liberty under Law

Unfortunately, we are handicapped on our side by that other conception of freedom which thinks of it as, "My right to do as I jolly well please." This attitude, of course, is a frank denial of unchanging principles. It sets out to destroy every notion of "oughtness." That can make only for social anarchy. We repeat, therefore, in conclusion, that the character guidance program is much concerned with this matter of freedom. It is intended as a contribution to the cause of "Liberty under Law."

SOCIAL TREATMENT OF THE SEXUALLY PROMISCUOUS

by Thomas E. Connolly



Although we have accomplished a great deal in the repression of prostitution and promiscuity and in the medical treatment of the venereal diseases, it is evident that we have not done enough. Prostitution, promiscuity and VD are only the outward manifestations of basic community and individual needs.

Venereal disease is a social problem with a medical aspect whose real roots lie in social lacks and personal maladjustments. If we are to make effective progress against VD, we must attack its antecedents.

Thus, as methods of attacking evils *per se* and the sources of venereal disease, the prevention of sexual promiscuity and the redirection of the sexually promiscuous are the responsibilities of the police, health, welfare and other agencies concerned with the well-being of our people. They are community-wide responsibilities, and we should handle them as such.

Statement of Problem

During World War II, often in the interest of reducing venereal disease, we did considerable work in the study and treatment of promiscuous persons brought to the attention of research and treatment organizations by law enforcement agencies, courts, health departments, welfare agencies and individuals. We did enough to demonstrate that there are certain fundamental causes of sexual promiscuity and that we can successfully combat these causes and their effects.

We also learned that we can redirect those known as the sexually promiscuous into socially desirable and productive lives. There are no unalterable patterns of causes and treatments, but there is enough information to indicate beyond doubt some of the causes and some of the successful methods of treatment.

Purpose of This Outline

- It is a medium for the circulation of information on the causes of sexual promiscuity and the methods of treatment.
- I hope the outline will be of assistance to communities in evaluating and improving their present resources for social treatment in the courts, law enforcement and welfare agencies, health departments and other public and private organizations.
- The experience of other communities may aid municipalities in the creation of temporary programs and agencies to meet and demonstrate a need until official, already-established agencies can adequately expand or readjust to meet it.
- Above all, I hope the outline will encourage and assist those working with the sexually promiscuous.

Causes of Sexual Promiscuity

The fallacy that the typical sex delinquent is impelled by deep-seated emotional needs to seek satisfaction in promiscuity has impeded progress in behalf of the promiscuous girl. Her needs have seemed to be beyond the reach of case work treatment.

Case histories and psychiatric studies reveal that the number of girls who are psychological delinquents is comparatively small. Girls do not set up promiscuity as a goal to attain. Instead, they drift into it through pressure of circumstances or environment and for a variety of social, economic and emotional reasons.

Scientifically, sexual promiscuity is an abstract term for a large group of social factors and attitudes of exceedingly complex nature. There is no one type of sex delinquent.

Sexual promiscuity is not a condition in itself, but is part of a total situation that includes the individual, his home and his community. By the same token, the sexually promiscuous person is not an unredirectable, pathological criminal fit only for punishment and incarceration.

Human beings are subject to continual pressure of one sort or another, their behavior determined by the interplay of many factors upon their physical makeup, mental ability and emotional content. The actions of the person who is sexually promiscuous are the results of pressures just as are those of the person who is not sexually promiscuous. The difference in end-results depends on whether the pressures are assets or liabilities and on the often alterable capabilities of the individual.

Sexual promiscuity does not occur exclusively in any one age, race, social or intellectual group. Nor is it a problem primarily of

women, although physiological factors and differences in social tolerances may make it appear so.

Since we know that pressures determine the individual's actions, they require study. First, it is necessary to determine what they are and then what we can do to eradicate them or to redirect their influences toward the desirable development of the individual. It is understood, of course, that the following list of factors is not inclusive and that at any time in any one person one or more may cause unacceptable behavior.

Family and Personal Factors

Family Climate. Studies show that many of the sexually promiscuous come from unhappy homes. Redirection must take into account behavior patterns fixed in earlier years in indifferent, undesirable or inadequate homes.



Emotional Immaturity. This is one of the most frequent causes of sexual promiscuity. The child secure in the affection of those about him becomes the adult capable of loving and being loved, fully developed emotionally. The individual is dependent upon others for emotional development, and the home lacking one parent or both is seriously handicapped in performing its function of providing security and thus of helping the child grow emotionally.

Mental Deficiencies. Some of the sexually promiscuous are mentally defective. Present statistics are inadequate and tend to be misleading, since the mentally inferior person is more likely to come to the attention of the community and its agencies. Redirection is not impossible with this group.

Physical Disorders and Handicaps. These definitely contribute to sexual promiscuity. Adequate compensations for apparent handicaps and physical unattractiveness, as well as medical care for hidden disorders, are essential to the redirective process.

Social Factors

Community Attitudes. A community which fails to give its children what they should have as children creates sex delinquents.

Often, the sexually promiscuous person is one whose community has failed to provide for his physical and emotional needs. He has not felt socially or economically acceptable. Many repeaters are the results of indifferent communities which fail to assume their social responsibilities.

Economic Insecurity. Essential to a wholesome environment is freedom from want. Economic pressures in the form of inadequate incomes, with resulting substandard food, shelter and clothing, are definitely causes of sexual promiscuity. The lack of adequate satisfactions resulting from unsuitable employment leads to a frustration often manifesting itself in promiscuity. The "one-third of a nation" figures have a real and tragic significance in sexual promiscuity.

Housing and Environmental Conditions. Although bad housing is often a corollary of economic insecurity and in itself is not a direct cause of sexual promiscuity, its characteristics are a cause. The lack of privacy, frictions and thwarted personal development resulting from overcrowding, and the usual slum location of bad housing, are causative.

Recreation. To say that "man does not live by bread alone" is to be trite perhaps, but truthful. The failure of a community to provide satisfying recreation sometimes causes sexual promiscuity. Often, the sexually promiscuous person is one whose leisure time was not spent in constructive, self-satisfying activities, but in destructive pursuits or in a passive state.

Schools. Inflexible school programs which create discouraged students on the one hand and bored children on the other contribute to sexual promiscuity. The school program designed for the "average child" meets the needs of none. Vocational and manual training and personalized teaching and guidance are essential to flexibility.

Sex Education. This is our day's most critical problem in human relations. A repressive attitude toward sex education by parents, schools and communities results in misinformation, lack of information, and an unnatural, unhealthy attitude on the part of the child. Repressive methods of handling sex matters in the home frequently contribute to promiscuity, according to the findings of the San Francisco Clinic study.

Character-Building Forces. Character develops in the home and community. A lack of insulation against the incentives to unsocial behavior created by an absence of a proper scale of values is a cause of promiscuity. A sound sense of values derives largely from examples in living set by other persons in the home and community.

Protective Measures. Mental defectives are in need of more protective care from the community than others. However, it is the

responsibility of the community to reduce the number and influence of pressures toward promiscuity on its citizens. A community which permits the existence of trouble-spots and the exploitation of individuals for sexual purposes creates sex delinquents.

Treatment of the Sexually Promiscuous

To facilitate this discussion, it has seemed wise to subdivide it into sections devoted to the several agencies in a community with which the sexually promiscuous may come in contact. In addition, there are certain techniques and attitudes which should be common to representatives of all agencies working with the sexually promiscuous.

Police Departments. The police department is one of the contacts the sexually promiscuous has with the official family of the community. It is essential that this agency intelligently assume and carry out its responsibility in the preventive and social treatment process.

More and more police departments are establishing the goal of effective preventive work. In many communities, trained police-women represent the department in its work with the sexually promiscuous. This has been most successful, and it is hoped that more communities will follow suit.

In addition to preventive patrolling of trouble-spots in the community, policewomen can accomplish much with an interview or warning. If such is indicated, they can refer cases to the appropriate agency, along with all pertinent information.

Policemen or policewomen dealing with the sexually promiscuous should keep themselves advised of other community agencies equipped to help the sexually promiscuous and should know how to use their services. They should avail themselves of these facilities, particularly the Central Index, as much as possible so that they will have the most complete information possible on the case in question.

Courts. Especially in juvenile and women's courts, the courts can, and in many areas do, play a significant role in the redirection of the sexually promiscuous. In the handling of such cases, it is essential that the judiciary of a community recognize them as a community responsibility and not attempt to shift the burden to some other community. The short-sighted policy of issuing "floaters," or suspended sentences, has done much to make the solution of the problem more difficult and the maladjustment of the individual greater.

It is highly desirable that the judge have adequate and effective probation service, or the help of a social agency, for pre-trial or

pre-sentence investigation of the case. With complete knowledge of the causes of the individual's trouble, he will be in a position to make an intelligent disposition of the case which can result in the rehabilitation of the person.

Modern systems of probation and parole and competent personnel to implement them are essential to the redirective process. The post-confinement period is critical, and the proper relocation of an individual in a satisfactory economic and social environment is essential.

Whether the particular case calls for probation or custodial care, the judge should use all the constructive facilities of the community, so that the result can be the redirection of the individual's behavior.

Health Departments. As I have said, venereal disease is one of the results of promiscuity. Therefore, in their case-finding and treatment programs, health departments come in contact with large numbers of sexually promiscuous individuals.

In terms of the number of cases alone, health departments can contribute much to a social treatment program, either through medical social workers on the health department staff or through preliminary interview and intelligent referral to psychiatric services or appropriate social work agencies. Services in clinics or treatment centers should include assistance to patients on personal or social problems and rehabilitation.

*Case-finding,
treatment and
social rehabilitation
are health
department functions.*



Alleviation of any emotional disturbance in the patient's mind over the fact or fear of having a venereal disease is the responsibility of the health department, which should completely allay such an upset before releasing the patient or referring him to another agency.

The health department also is responsible for the patient's sex instruction and for providing adequate information on venereal diseases. In many instances, the patient is beyond school age, and the health department is the one source of accurate, readily available information.

Social Welfare Agencies. The role of the welfare agency in the community social treatment picture varies depending upon the local situation. However, there are certain responsibilities which logically rest upon a social agency, public or private.

It is the responsibility of social agencies to interpret to others dealing with the sexually promiscuous—including the police, courts, penal or reformatory institutions and health departments—the nature of their services and to stimulate a willingness to use them. Also, social agencies should carry on a large part of the education of the community on the causes and treatment of sexual promiscuity.

It is usually most appropriate for a social agency to establish a Central Index of cases and to maintain an adequate referral system. Accurate, rapid referral is essential to effective social treatment.

Social agencies supplement the police, courts, health groups, correctional institutions, and probation and parole agencies without overlapping them. Both public and private organizations have a valuable service to perform in the field of protective case work for the sexually promiscuous. This often requires cooperative action and a willingness on the part of the agencies to take the initiative. The latter is especially true, since the sexually promiscuous are not prone, because of their emotional problems, to ask for help.

Family agencies should provide case work services on a demonstration basis and with a view to ultimate assumption of this responsibility by more and more of the official agencies.

Schools. Early identification of those in need of social service is of paramount importance, and the school is the most logical place for early detection of individual and social maladjustment. Unfortunately, many areas ignore or inadequately perform two functions in the social treatment process which should be peculiar to the schools. (Part of the responsibility for this failure rests with the educational system, the remainder with the community which refuses to allow the school to assume its rightful role.)

The first obligation is inclusion in the school curriculum of adequate material on health and family life education and instruction in health and human relations for parents and other adults. The material should be integrated with other subjects, so that it receives no spectacular emphasis and so that its relationship to the general problems of living is apparent.

The second responsibility is the establishment, either in the school or through effective referral to an appropriate agency, of an intelligent program of counseling and guidance in social behavior

and living. The former plan seems the more practical and appropriate, since the school should provide education for life, not merely an academic diploma. Child welfare workers and a PTA are also essential.

The role of the school is very important because of its intensive contact with young people during their formative years. Also, in many instances the high school is the individual's last contact with formal education. Its approach should be positive, emphasizing the importance of family life, of healthy minds in healthy bodies, and of communities free from degrading, disease-spreading areas.

Institutions. Many of the sexually promiscuous need some kind of institutional care. When such need exists, we should recognize it and meet it as rapidly as possible.

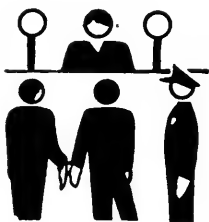
There are several types of institutional service that may be of value:

- Temporary housing as an emergency measure is of particular importance in the post-jail adjustment period. It is also of value in temporarily removing individuals from undesirable home conditions or family relationships.
- Institutional care for an indefinite period of retraining and redirection is important before an offense warrants a prison sentence. Such care should consist of more than the teaching of a trade. It should provide a homelike environment. It should emphasize the future and should build on constructive redirection and group living. Its purpose is to equip the individual for economic and social well-being in a controlled community which gives special attention to increasing the individual's social, physical and mental capabilities.
- Hospitalization is necessary for the psychotic who cannot be helped by case work or institutional redirection.
- Protective institutional care for mental defectives is necessary for those incapable of acceptable community living because of irreparable mental defects.
- Social case work services should be available in institutions as integral parts of the rehabilitation program and in parole departments to provide supervision for the sexually promiscuous discharged from institutions.

Additional Agencies. In many communities there may be other agencies which can play a part in social treatment. In some instances they may be organized or included in the treatment picture to meet specified or emergency needs.

We should use all that can perform a service. However, experience has indicated the preferability of expanding the functions or improving the operations of existing agencies. Such a course leads to a more stable and enduring pattern of community action than does the hasty establishment of new agencies.

Communities feeling the effects of industrial expansion and those visited by substantial numbers of servicemen and women should consider the desirability of setting up a social protection committee under the Council of Social Agencies or Planning Council or under the auspices of some other appropriate community agency. This committee should be responsible for working out relationships between the several agencies in the handling of the sexually promiscuous. It should set up procedures for referral from police and health officers to other public and private agencies where indicated. To stimulate community interest in closing the gaps in service, it should keep a current picture of the situation and of needs which are not being met.



Inter-Agency Relationships. A social treatment program is a responsibility of the entire community. The citizens must provide understanding and appreciation; these can come only after the causes and methods of treating promiscuity are intelligently publicized. The agencies and organizations must provide service, assume their individual responsibilities and cooperate with one another.

However, mere desire to cooperate is not enough. The agencies must set up effective channels for referrals, interchange of information and joint planning. Unfortunately, these are lacking in many places at the present time, because of traditional jealousies, apathy and ignorance.

It is the duty of all concerned to bring about the creation of the spirit and procedures of cooperation. Much of the initial responsibility for this rests with the chief administrator of the community, the mayor or city manager. He can best fulfill this responsibility by forming a planning and coordinating council of agencies and individuals concerned. His leadership can do much to insure the

spirit and practice of cooperation. The details, of course, are the function of the participating agencies.

Individual Case Worker. This section is devoted to the individual who deals with the sexually promiscuous. Regardless of what agency he represents, he has certain problems and techniques and a certain philosophy and understanding of sexual promiscuity.

He must have faith in human nature and a sympathetic understanding of its frailties. He must be able to analyze people and to inspire trust and independence. He must be capable of understanding the needs of the individual and of helping him.

In general, the social worker's task is to help the sexually promiscuous adjust to the patterns the community approves and to feel that they have a place in the scheme of things and are wanted, in fact needed, in that place.

Case workers must not be afraid to work with prostitutes and other sexually promiscuous persons. The backgrounds of these individuals are similar to those of other people who get into other kinds of trouble. Promiscuity happens to be the way in which they express their difficulties. Time and patience are needed to get a real understanding of their problems and of the way in which they can be helped; relapses are to be expected and should be no cause for discouragement. The able case worker can render a real service to the sexually promiscuous.

Their great need is for immediate, personalized help. The number of contacts in the treatment process should be kept at a minimum. What referrals there are should be expedited, for it is essential that the sexually promiscuous feel he or she is a person, not a case.

The case worker must know the whole community, its problems and its resources, and must use this knowledge and understanding in assisting the promiscuous to readjust to the community patterns.

What Communities Are Doing About Social Treatment

Social treatment is in its formative stages. Some of the work now carried on is experimental, and our knowledge of effective methods of treatment is constantly increasing.

However, some communities are leading the way, and their methods and findings should be of assistance to others. First, they are improving and expanding the contributions of existing public agencies, those which in the ordinary course of events come in contact with the sexually promiscuous. Since this constitutes the

ultimate, desirable, long-run social treatment pattern, its development and operation is of primary importance. San Francisco and New York City are the leaders here.

Many areas have established experimental demonstration projects to illustrate techniques and to dramatize and publicize the problems and needs of the community. As such, they fulfill a valuable, short-run service.

Legal Treatment Agencies

The women's courts or divisions and juvenile courts are maintaining a considerable work for the social treatment of the sexually promiscuous. Many of these courts give mental and physical examinations, provide social investigations by trained probation officers, and offer effective probationary supervision as well as carefully weighed treatment plans in terms of intramural care and training. Adequate detention homes are an integral part of such facilities, and public and private social agencies supplement the court's work.

Many localities, however, either do not have such courts or they are inadequately set up and staffed, and the need here is for community organization and improvement.

Organizing for Treatment

Since this discussion is to assist the officials—particularly mayors and city managers responsible for the administration of public policies and institutions—it should include criteria by which to determine whether the legally constituted agencies of the community are performing their roles in the social treatment process in an adequate manner.

Police Departments. They should have on their staffs professionally trained policewomen who, in addition to interviewing and giving warnings and limited service, refer the sexually promiscuous to other appropriate agencies. It is particularly important that the entire police department understand and agree completely on objectives and methods and that all its elements cooperate in carrying out approved procedures.

Courts. The courts of a community should accept their cases as *their* responsibility and should not attempt to shift them to other communities through "floaters" and suspended sentences. Judges should have personnel either on their own staff or from a social agency to provide them with adequate pre-sentence investigations and information.

Mental and physical examinations should be a part of the pre-sentence study, and the presence of a disease, particularly venereal, should not be considered evidence of a crime.

There should be an adequate, scientific system of probation, administered by competent, trained personnel. There should be adequate juvenile and women's courts and detention facilities, staffed with competent personnel, so that the disposition of cases will be intelligent and sympathetic and any confinement will be constructive and redirective.

Venereal Disease Clinic. Any clinic handling venereal disease cases should make available, either through its own medical social workers or through referral to social agencies, services for the social treatment of patients. This is in addition to sex education and dissemination of information on VD, which are its specific responsibilities.

Institutions. There should be available to communities institutions which will contribute to the social treatment program by providing an ordered, conditioned community life for the sexually promiscuous. In such an atmosphere, the promiscuous may be redirected and assisted in developing the ability to live a socially acceptable and productive life. Institutions for individuals incapable of extramural community living should also be available. Here again, adequate facilities and trained, sympathetic personnel are essential.

Parole. Adequate programs of parole and post-confinement supervision are integral parts of a social treatment program. Competent personnel should be available to assist the sexually promiscuous in making their final readjustments to the problems of community living.

Preventive Measures

Thus far in this discussion of social treatment we have emphasized the remedial activities of several community agencies. There is also the very important function of redirecting, *before* they cause promiscuity, the interplay of pressures on the individual. Naturally, many of the agencies and techniques used in treatment are involved also in prevention, their activity differing only in timing.

There is no substitute for early inculcation of basic concepts of morality nor for early development of spiritual values and spiritual orientation for the individual. Hence, the church has a prime responsibility to assist parents in understanding how they can effect moral and spiritual development of their children; for pointing up the role of parents in providing a home in which family prayer,

complete family church attendance, and an atmosphere conducive to the positive development of virtue are part and parcel of everyday living.



*Churches
have a
prime
responsibility.*

The opportunities of the church in providing preventive as well as rehabilitative measures in regard to promiscuity are not limited to Sunday School classes and church services so far as older children and youth are concerned. There are less formal ways in which wise clergymen can influence young people—personal counseling; pastoral visits to homes in the parish; provision of social and recreational life on the church premises; development of clubs and discussion groups for consideration of the *values* involved in books, movies, plays, current events and day-by-day life experiences; courses in marriage preparation; courses in the responsibilities and satisfactions of marriage and family life.

The role of the school, with its programs of guidance and sex education, is a vital one, for the school is often the environment in which the mental and physical activity of the individual can be developed in such a way as to insulate against possible delinquency.

In their patrols and in the protective work of their juvenile aid bureaus, police departments can do much to eliminate or curtail the breeding-spots of delinquency. They can reduce not only the number of repeating delinquents, but also the number of first offenders. They can also help pre-delinquents and can stimulate constructive activities for young people.

The number and adequacy of desirable recreation facilities, both commercial and noncommercial, in the community have much to do with the amount of sexual promiscuity. Such facilities are a community-wide obligation, although the operating responsibility may rest on one or more agencies or individuals. They provide a medium for the development of the individual and an outlet for energy that is essential to the adjustment of a member of the community. They should offer socially desirable alternatives to unsocial behavior. To be effective, they must have intelligent leadership and adequate resources.

One must remember that they are in competition with other possible attractions for an individual's time and interest. Therefore, they must sell themselves.

In a given community there are probably other agencies and organizations which can and should provide preventive services. Self-policing programs by commercial amusement organizations are an example. All should be developed to the utmost, since the prevention of sexual promiscuity, as of other ills, is always more pleasant and less costly than cure.

We must give girls and boys a responsible part in their own affairs and activities, especially those occupying their own time. If they have some degree of choice and control in constructive outlets, teen-agers are unlikely to seek destructive activities.

The job of preventing promiscuity is a job of all the community's agencies and citizens. Interchange of information, joint handling of specific problems and general coordination of effort are essential. We must attack the problem of sexual promiscuity from every angle, with community organization, education, clinical methods, guidance programs, police protection, boys' and girls' clubs, and recreation.

Summary

The social treatment of the sexually promiscuous will probably never lend itself to a stereotyped cataloging of causes and methods, since human beings and their intangible qualities are the content. However, we have made enough progress to know that there are certain identifiable causes of sexual promiscuity whose effects we can eradicate, modify or redirect.

We also have demonstrated that even with our present knowledge we can successfully redirect the promiscuous into socially acceptable and productive ways of living.

In addition, we have shown that a community with adequate preventive and protective programs—in its schools, law enforcement agencies, recreation facilities and other institutions—can do much to prevent sexual promiscuity. Treatment of the pre-delinquent is far easier and more effective than redirection of a post-delinquent.

Thus, while a community should create adequate facilities for the treatment of the promiscuous, it should improve community life to prevent the development of promiscuity.

If we slightly paraphrase the statement of G. Aschaffenburg in *Crime and Its Repression*, we note that

“Every measure that helps to make the people physically, mentally and economically healthier is a weapon in the struggle against sexual promiscuity.”

PERIODICAL DEPT.



The Police Role in Contact Investigation

by Nicholas J. Fiumara, M.D., M.P.H.

Five Years' Experience with the Boston Police Department

Contact investigation is one of the most fruitful methods of case-finding. The studies of the North Carolina group show that in infectious syphilis in the female, contact investigation is by far the most important case-finding procedure. The objective of contact investigation—the bringing to medical observation of the contact or contacts of a patient with venereal disease—can be accomplished successfully only when the health officer has at his disposal all the resources of the community.

Contact investigation actually begins with the interview with the patient. This phase of contact investigation has a two-fold purpose:

- The identification of all the patient's pertinent contacts. By "pertinent contacts" is meant all those individuals to whom the patient was exposed during the maximum incubation period of the disease, and those whom the patient exposed since the onset of symptoms up to the moment treatment could be expected to be effective.¹
- The re-education of the patient. This phase of contact interviewing ascertains not only how much the patient knows about his venereal disease, but also what he doesn't know and should.

On completion of the interview, the work of locating the contact begins. Whether we are successful in this depends to a great extent

¹ Fiumara, N. J., M.D., M.P.H.: *Ten Principles of Contact Interviewing*. Journal of Social Hygiene, October, 1949.

on the adequacy or inadequacy of the contact data.² If the contact data are adequate, then very little or no difficulty should be encountered in finding the contact, provided the information secured is reliable and true.

As is too often the case, inadequate and meagre contact information has been obtained, and then the skill of the epidemiologist is taxed. Here is an example of shoe-leather epidemiology put to its severest test. Only when every resource in the community is exhausted should the health officer be glumly satisfied that this contact cannot be located.

Policies and Procedures

This paper describes our experiences with the Boston Police Department in locating—not apprehending—contacts of patients from whom inadequate contact data has been obtained. It is the policy of the Health Department to request the assistance of the police in the following instances:

- Whenever our epidemiologists fail to locate such contacts.
- Whenever a contact is known by name, nickname or description at the places mentioned by the patient, but who for one reason or another has failed to keep appointments with the epidemiologist for an interview and has not reappeared at the aforementioned places.

Therefore, contacts of venereal disease patients are referred to the police department in order to obtain the service of these specialized investigators in locating poorly described contacts and in making them available for an interview. Police officers, and particularly policewomen, constantly patrol and visit establishments which these contacts may frequent.

During the course of their preventive patrols, particularly at night, policemen and policewomen have frequent occasions to question young boys and girls found on the streets or in less desirable places. Their observations at places of entertainment, their interviews with individuals, particularly women, frequently at questionable bars, nightclubs, etc., give them a unique opportunity to locate the venereal disease contacts referred to them.

In addition, they frequently have sources of information not in the possession of the health officer. Once these contacts are located,

² Fiumara, N. J., M.D., M.P.H.: *Describing a Contact of Venereal Disease*. American Journal of Syphilis, Gonorrhea, & Venereal Diseases: 33:380-388: July, 1949.

identified and referred to the health officer, the activity of the police department ceases.

From 1945 to 1949, a total of 2,507 cases was referred to the Boston police for assistance. With the exception of 11, all cases so referred were females. These cases represent contacts of venereal disease patients whom our epidemiologists failed to identify and locate.

When the reports of these failures are received in our office, they are critically examined by one of the nurse-supervisors to determine whether all possible leads have been exhausted. If not, the case is referred back to the nurse-epidemiologist with pertinent suggestions or investigated by the supervisor herself. However, should the supervisor find that all possible clues as to the identity and whereabouts of the contact have been run down without success and there is no additional information available from the patient, then, and only then, she recommends that the case be sent to the police.

The case record is thereupon reviewed by the director of the Division of Venereal Diseases, and on his consent and approval a letter is sent to the Boston Police Commissioner asking that he assist in identifying and locating these contacts. A sample letter follows:

My dear Mr. Sullivan:

In our investigation of infections among the Armed Forces and clinic patients, we have been given the following information:

1. A white clinic patient names as his contact a girl whom he picked up in the — Cafe, Boston. Exposure occurred on February 5, 1949, in a rooming house near the cafe. He did not pay her. Her name is Violet, address given as a rooming house near the above-mentioned cafe. He describes her as white, age 44, average height, medium build, with light hair parted in the middle and curled on the ends. Our epidemiologist was unable to locate this girl.

*He
picks up
a girl
in a cafe.*



2. A colored sailor names as his contact a girl whom he picked up in a restaurant next to the — Theater, Boston. This was found to be the — Restaurant. Exposure occurred on June

10, 1950, in the — Hotel, Boston. He did not pay her. Her name is Jeanie, and he describes her as white, age 22, tall, medium build, with dark hair. Our epidemiologist visited the above-mentioned restaurant and talked with the manager and waitresses but was unable to locate this girl.

We would appreciate any information which you might make available to us to assist in locating the above persons for interview.

Very truly yours,

*The epidemiologist
finds the cases
to be examined.*



It is important to remember that at this stage in our investigation there is no alternative, other than the police, but to close the case as unsuccessful. Re-interviews of the patients and investigations of community resources have failed to add any further clues. Our epidemiologists have failed to identify and locate these individuals. The police represent, then, the last step in our epidemiological investigation.

Police Action

When our letter of request for assistance arrives at Commissioner Sullivan's office, copies are immediately made and sent to the policewomen of the Crime Prevention Bureau, to the Special Service Squad and to the Probation Office.

Copies are also sent to the division captains where the contact is said to live (if known) and/or, as is most often the case, where the encounter and/or exposure took place. At roll call, the division captain reads his communication from the commissioner describing the information known about this contact.

These actions mobilize literally hundreds of alert and trained men and women to be on the lookout for our unknown or missing contact. In addition, one or more officers are specially detailed to investigate and report back to the division captain. In the Crime Prevention Bureau, the policewomen are given copies of our communication, and during their patrols they talk to bartenders, waitresses, managers, etc., attempting to learn the identity and address of the contact.

When the policemen and policewomen discover these individuals, the following steps are taken:

- The contact's full name and address is taken.
- The contact is advised to go immediately to one of the State Cooperating Clinics for an examination. These clinics are located in the outpatient departments of six Boston hospitals. For the convenience of the police, a pocket-size pamphlet has been prepared which has the location of these clinics and the clinic hours.
- A full report is started up through the chain of command to the Commissioner by the policeman or woman.
- A letter from the Commissioner to the director of the Division of Venereal Diseases reports the result of the investigation.

A typical action report follows:

MEMORANDUM

Subject: Health Department
Communication.

To: Supt. _____
From: Capt. _____
Date: _____

With reference to the attached communication received by the Police Commissioner from Dr. Fiumara, State Department of Public Health, in which are enumerated several cases of infections as a result of contact with women in this city, I respectfully report as follows:

Item 1: Item 1 of the communication refers to a girl named Violet. Sgt. John — found a girl in the — Cafe mentioned in the communication who answered this general description. He identified her as Violet —, 44 years, of 25 — Street, Boston. She was instructed to report to the Massachusetts General Hospital for an examination.

Item 2: Item 2 of the communication refers to Jeanie, who was picked up in a restaurant next to the — Theater, Boston. Sgt. James — and Patrolman William — questioned a girl in the vicinity of the theater who answered the description of the girl named. She stated that her name was Jean — and that she lived on — Street, Boston. She was informed by the above officers of the complaint made against her, and she stated that she would visit Dr. Fiumara's office the a.m. of July 21, 1949.

Respectfully submitted,

Results

Table 1 summarizes our experience over a five-year period. Of the 2,507 cases referred to the Boston police, 494 (or 19.7%) were identified and located by them. That they were able to identify and locate so many of these contacts, inadequately and poorly described by the patients, reflects credit to this efficient organization. No little credit belongs to the policewomen of the Crime Prevention Bureau.

One notices too that since 1945 action reports have been speeded up from an average of 38.5 days to 22.8 days without loss of efficiency.

Conclusions

The VD control officer should not be satisfied with an unsuccessful epidemiological investigation of a case of venereal disease until every resource in the community has been exhausted.

Physicians and nurses have been reluctant in the past to enlist the aid of the police in locating contacts of venereal disease for fear that punitive action would follow their disclosure of privileged information. Unfortunately, many VD workers have seen contacts prosecuted, with the result that patients refuse to divulge the name of their contacts when such ill-advised police action was known.

Our experience of the past five years shows what assistance a modern and socially-minded police department can render the health officer. The finding of 19.7% of hitherto undiscoverable contacts speaks for itself.

TABLE I
*Cases Investigated by Boston Police
1945-1949*

*Results of Investigation and Average Number
of Days Required for Investigation*

Year	Success			Failure		Average No. of Days Required for Inv.	
	Total	Cases	Per Cent	Cases	Per Cent		
1945	1082	206	19.0	876	81.0	38.5±2.7	(sigma)
1946	439	81	18.5	358	81.5	33.6±2.6	(sigma)
1947	344	65	19.2	278	80.8	28.4±1.9	(sigma)
1948	334	86	25.7	248	74.3	24.3±2.7	(sigma)
1949	308	55	17.9	253	82.1	22.8±1.5	(sigma)
Total	2507	494	19.7	2013	80.3		

HOW VD CONTACT INTERVIEWERS BREAK DOWN THE "NO PATIENT"

by Herman Goodman, M.D.



*The VD
nurse
is a
salesman.*

Introduction

Although the "yes" man is famed in song and story, the nurse assigned to a VD clinic finds more "no" people. They are unsung. Little effort has been given to unwinding a patient who persists in saying "no" when the very nature of his ailment is proof positive of contact with an infected person.

This is not the place to outline the essential difference in approach—the old-fashioned one emphasizing germs as the cause of recently acquired venereal disease, and the new approach—venereal diseases are acquired only by contact, either mediate or intermediate, with another human being.

The VD nurse is a salesman. The salesman meets resistance. A super-trainer of salesmen, Mr. J. George Frederick, in teaching sales techniques outlined the proper response to "no". With his gracious permission, his 25 "no" titles have been directed to social hygiene nurse interviews. They are finite suggestions to overcome "no" on the part of the patient being interviewed and to secure a valid revelation of contacts.

* Based on Chapter VI, Meeting the Prospect's "No!" in *Recapturing Lost Sales Offensive!* by J. George Frederick, published by The Business Bourse, 80 West 40 Street, N. Y. 18, N. Y.

** Dr. Goodman does not presume to speak for any local, state or federal agency.

The study of different kinds of "no" and their meaning is a study of human relationships. Each "no" acts to initiate a series of ideas in the person conducting the VD contact interview. The patient's final answer may remain "no" at the conclusion of the initial conference with a particular interviewer. It never need be nor can be utterly final for all time under all circumstances with each interviewer.

The patient's "no" must never be taken as final!

Mr. Frederick has presented a list of 25 important "no's," and the answer to meet each one of these "no's." We have revamped them to fit conditions of the VD patient interview and re-interview.

1. The Ignorance "No." All ignorance, lack of knowledge, lack of awareness, lack of information rouses fears. All fears generate negativity, repression, drawing back. Ignorance is the worst enemy of contact-naming. Ignorance indicates the presence of poor approach by the person conducting the interview, and sluggish interview technique. The ignorance "no" is best removed by seriously, determinedly applied knowledge.
2. The Loyalty "No." The patient has mistaken ideas of loyalty, faithfulness and constancy to those with whom exposure has taken place. Persistence, diplomacy and clear logic are required to overcome the loyalty "no" and to cause the patient to change on new analysis of the situation.
3. The Rationalizing "No." The patient has made up his mind long in advance. He has sufficient reasons to say nothing. He "knows" disclosure will do good to nobody. It's idle to attempt a rational approach to the rationalizing "no." An emotional appeal is best.
4. The Challenging "No." The patient wants to be shown. He has his own ideas but will change if the interviewer accepts the invitation to a contest and gives plenty of good factual material and astute arguments.
 Sometimes the challenging "no" is only the desire for a good argument. Show me!
5. The Procrastinating "No." The patient has the habit of postponing action, tomorrow or day after tomorrow, but not now. The interviewer must force action by indicating its advisability and the costliness of delay. Why not now!
6. The Timidity "No." Many patients lack courage or self-confidence to expose their own individual sexual experience to any one and in particular to the person conducting the interview at the moment. The need here is for the interviewer to inspire courage or

to transfer the patient to an interviewer of the opposite sex or of another mode of approach—all in the patient's interest.

7. The Mistaken "No." Patients say "no" before they think. Then because of the mistaken "no," the ill-digested, poorly conceived reason for "no" cannot be changed without clever, able interviewing. Above all else, save face for the patient! Do not exult if the patient's "no" is changed to "yes." Reduce your own personal pride, charmingly accept as a pleasure the change in the patient from the mistaken "no" to "yes."
8. The Unhappy "No." The patient must say "no" because the cup of wretchedness is overflowing. The unhappy "no" may be reversible. A new angle of approach by the interviewer may develop mutual sympathy. Special aid, special ingenuity, special generosity on the part of the interviewer may create a situation favorable to naming contacts.
9. The Impatience "No." Quick temper, restlessness, hasty irascible temperament produce premature, impatient "no." Watch for it! Guard against it by avoiding a weak approach and wordy argument. The impatience "no" requires diplomacy, graciousness, cool temper, clear concise arguments to change "no" to "yes."
10. The Indecisive "No." Vacillating patients are constitutionally unable to decide anything, to reach any conclusion. The interviewer must supply mental and emotional assistance to bring the patient to a decision. The interviewer must supply a "clincher." It's not easy.
11. The Discomfort "No." The patient is disturbed, uneasy and distressed. The situation is just no good. Judgment was misplaced. How else is it possible to explain the present predicament? Physical conditions of the conference are not so good. The desk is exposed to view. The questioner is a female. The chair is too high or too low. The patient feels it is proper to be irritated, upset and nervous. Certainly sickness is discomfort by itself. Add the depression of discovery, the pessimistic outlook, the worry of explanation. Everything adds to discomfort "no." How to overcome the discomfort "no?" Put yourself in the other fellow's place and create an atmosphere to dissipate the discomfort.
12. The Arbitrary "No." Because of caprice, some patients give an arbitrary "no." Argument does not help; in fact, it hinders. There's only one thing to do. Change the interviewer at the time or recapture the patient at a subsequent visit.
13. The Flippant "No." The quick trigger "no"—not serious, not studied, just "no." The interviewer must recognize the character of the person behind the flippant "no," seek "pay dirt" and acquire names by competently reviewing the facts.

14. The Indifference "No." The apathetic patient figures he "got" his . . . why bother about anyone else? Here is a high measure of indifference, imperviousness. The patient is armor-plated. He resists each and any logical effort. The indifference "no" can be broken mainly by jolts, in a startling, arresting manner, to self-interest.
15. The Fearsome "No." The frightened, fear-ridden patient faces the immediate future with pessimism, lack of confidence. The patient fears the worst. The "no" is a shivering "no," a jittery "no." The cure is transfer of confidence the interviewer must have to the patient. The fearsome "no" dissolves with the loss of fear.

*The
patient
knows.
Your job
is to
have
him
tell.*



16. The Show-Off "No." Some patients are ostentatious. Despite the evidence of their disability, they bluster, preen themselves and show their authority over themselves and the interviewer by the show-off "no." There's only one way to beat it. Go it one better and feed the expanded ego. Accept the superior vanity and overestimate the number of names the patient is capable of giving.
17. The Time-Pressure "No." Patients are in a hurry or think they are. It is important to be in a hurry. Time-pressure "no" may be legitimate—the driver has the vehicle outside or his car is double-parked. But the time-pressure "no" may just come. The interviewer must concentrate on simple argument, fast delivery, incisive separated appeals and, above all, a calm manner.
18. The Inferiority "No." Too many of our patients feel defeated, doubt their own ability, dread their own ineptness. To be safe, to be on the defensive, they give the inferiority "no," sometimes with

exaggerated aggressiveness. The interviewer has the task of recognizing the inferiority "no" for what it is and then of proceeding to build confidence and extract the desired information.

19. The Stubbornness "No." Just don't push me around. Because you thought you could push me around even if you didn't. If the patient feels this way, his answer is the stubbornness "no." The patient is obstinate, unyielding and will not give you satisfaction. You develop nothing. The interviewer must not force any issue. He must let the stubborn "no" patient win or appear to win. He must not mention pighead or mule. Sometimes the ice of stubbornness melts. Usually, it requires a new interviewer, a new time, a new approach and new knowledge imparted to the patient.
20. The Financial "No." The financial "no" comes from the male patients who insist they never paid for female companionship, for favors. Hence, they do not divulge names and addresses of contacts paid with money. Nearly all men deny the idea they were paid but certainly they never paid. The clever interviewer forgets all financial considerations and even the very existence of money in conversation with patients during the interview involving the financial "no."
21. The Performance "No." The patient is a repeater. He has gone through all this before. His idea is that it didn't work before and it won't work now—why give names and addresses? The performance "no" is tough for the interviewer. It is necessary to regain confidence, to probe gently, to teach.
22. The Bluffer "No." It is very difficult to determine the reason why a patient just sits and denies the facts of life to you and apparently to himself. He is bluffing. His bluffing is a hope. The entire business will just cease to exist. It just didn't happen. The interviewer must analyze the situation and dig deeply and diplomatically. No one method helps. Success depends upon youth of the patient, his sex, domination by parents, older or wiser schoolmates, etc.
23. The Vindictive "No." This is just the result of prejudice on the part of the patient at that crucial moment. He doesn't like the sex, color, age or clothing of the interviewer. He doesn't like the idea of being in the situation he finds himself. He will avenge!
24. The Weaselword "No." Just a smokescreen, meaningless, sort of can't place the "no" in any other category. Here is the exception, the freak, the biologic sport, the out-of-this-world character, but he says "no" just the same.
25. The Authentic "No." The authentic "no" never exists in social hygiene conference room work. The evidence is there. The infection came from a human being and was transmitted to another human being. The patient knows. Your job is to have him tell.

BEHIND THE BY-LINES

Lester A. Kirkendall



Prof. Kirkendall

One-time high school coach and teacher, college instructor, educational consultant and counselor, YMCA board chairman, Dr. Kirkendall is now assistant professor of family life education at Oregon State College. Previously, he was director of the Association for Family Living. Active in church work, a popular speaker, father of two children, Dr. Kirkendall finds time to write books and articles for leading educational magazines.



Col. Scharlemann

Chaplain (Lt. Col.)

Martin H. Scharlemann

Chaplain Scharlemann, wing chaplain at Vance Air Force Base in Oklahoma, was previously on the faculty of the Chaplain School at Carlisle Barracks, where his work won for him the Army Commendation Ribbon. A graduate of Concordia Theological Seminary, he holds degrees from Washington University, St. Louis. Author of lectures on character guidance used by chaplains, he is editor-in-chief of all Army character guidance materials.



Mr. Connolly

Thomas E. Connolly

For many years a social hygiene enthusiast, Mr. Connolly served during World War II as social protection representative in New York State. Later he was social



Dr. Fiumara

hygiene consultant for the New York State Committee on Tuberculosis and Public Health, and at present he is executive secretary of the Onondaga (N. Y.) Health Association.

Nicholas J. Fiumara, M.D.

Except for the war years, Dr. Fiumara, like any proper Bostonian, has stayed close to the Charles River. He went to Boston College, received his M.D. from Boston University's School of Medicine and his Master of Public Health from Harvard, where he studied VD control methods under Dr. Walter Clarke, ASHA's executive director. Now director of the Massachusetts Department of Public Health's division of venereal diseases, he previously served as epidemiologist and district health officer.

Herman Goodman, M.D.

Dr. Goodman has never relinquished the interest in social hygiene which he developed as a medical student. He was officer in charge of VD control in Puerto Rico, Panama and parts of the eastern department of the Army from 1917 to 1920. At one time or another engaged in social hygiene activities at federal, state and local levels of government, he has written extensively on the prevention, treatment and history of VD.

BOOK NOTES

Marriage Is What You Make It, by Paul Popenoe. New York, Macmillan, 1950. 221p. \$3.00.

Prefabricated houses can be put up in a comparatively short time. The parts fit together and, presto, there it is, a livable home.

But prefabricated marriages aren't nearly as practical. Most of the finer nuances and rapport of married life are developed after the ceremony has made the couple man and wife.

That doesn't mean that many factors of happy wedlock can't be acquired beforehand, but the most vital art—the ability to understand and live congenially with the one and only—is not a generic but a specific quality that can be gained only through the contacts and experiences of day-to-day living with a specific her or him.

Courtship and honeymoon days often are lived in a fairyland. He still is wearing his princely costume and she is his dream princess. Then they come down with a thud to life's realities and promptly learn that, despite previous assumptions, each has quite a variety of earthy tendencies and habits.

This post-honeymoon awakening leads in many instances to wonderment and in some to recriminations. So, before this status develops, the couple should read and

ponder over Popenoe's newest book, "Marriage Is What You Make It."

The Macmillan Company publishes this volume, and its 221 pages are crammed with interesting, useful counsel and cases. You may have seen some of the material previously in the *Ladies' Home Journal*, or in the newspapers that carry Dr. Popenoe's syndicated column.

As dean of America's marriage counselors, the author has two great advantages over many other writers in this field—he has plenty of authoritative things to say and he knows how to say them.

RAY H. EVERETT

Social Pathology, A Systematic Approach to the Theory of Sociopathic Behavior, by Edwin M. Lemert. New York, McGraw-Hill, 1951. 459p. \$4.50.

Lemert's theory starts with the idea that people are differentiated in various ways, and consequently are liable to suffer social penalties which react on the initial differentiation. This process, with its structural products, can be studied from its collective and distributive aspects, concerning sociopathic differentiation and sociopathic individuation.

The first section considers theory, the second, various kinds of sociopathic behaviors, one of which is prostitution.

Despite the limited number of prostitutes as compared with that of other sex deviates, prostitution

is significant because it is an extension of more generalized sexual pathology, and must be understood as an organized medium through which unintegrated sexual impulses find expression. The broad treatment of the subject covers such factors as the nature and extent of prostitution, ecology, societal reaction, control and exploitation, as well as the race, occupation, education, religion, economic and marital status of the prostitute.

The volume concludes with an outline for case studies, a glossary and an index.

Social Work Year Book 1951, edited by Margaret B. Hodges. New York, American Association of Social Workers, 1951. 696p. \$5.00.

Initiated by the Russell Sage Foundation in 1930, this is the 11th edition and the first under the new publisher.

An up-to-the-minute encyclopedia for social workers and those in related fields, it comprises authoritative articles in the first part and directories in the second.

Dr. Luther E. Woodward traces the development of family life education in a section under this heading. Under public health, Dr. Leonard A. Scheele outlines the program of the American Social Hygiene Association, with particular emphasis on its VD activities.

Other sections of interest to social hygiene workers are on child

welfare, family social work, juvenile and domestic relations courts, juvenile behavior problems, and youthful offenders.

Your Health, by Dean Franklin Smiley, M.D., and Adrian Gordon Gould, M.D. New York, Macmillan—Company, 1951. 555p. \$4.50.

Although *College Textbook of Hygiene* underwent three revisions from its inception in 1928, the authors decided in 1950 that a complete rewrite was necessary, to include community health and to cover health problems of the entire life span, not just the college years, for broader reader appeal.

Easily comprehensible to the layman, the book discusses the avoidance of infection, the relation of food to health, exercise, housing, prenatal and infant care, rural and industrial health, old age, nervousness and the common diseases.

"The Hygiene of the Genital System" gives a concise account of the structure and function of the reproductive system, of the development of the sex instinct, of fertilization, of foetal development and birth. The value of monogamy and the single standard is defended.

"Social Hygiene Problems" discusses briefly deviations from normal sex conduct, the venereal diseases and community efforts in social hygiene.

The book concludes with a list of film sources, glossary and index.

THE LAST WORD

The JOURNAL now says the last word—for three months, that is. After a hot-weather pause, it will take a deep breath and plunge into fall with an eye to innovation and self-improvement.

Thank you all for your many varied comments on the JOURNAL's new look. They have reflected thought and real interest, and we are grateful for your compliments and your candor. Please continue to tell those-who-are-trying-to-make-each-issue-better-than-the-last what you think the JOURNAL should be and do.

Meanwhile, have a pleasant summer and let us hear from you again in the fall.

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ABOUT OUR COVER . . .

"There's a blessing on the hearth, a special providence for fatherhood!" Seventh of a series of Journal covers on family life . . . reproduced with the permission of Eva Luoma Photos.

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Why the Red Feather?

It's a strange symbol, at first glance, like the quill in an Alpine hat, only there is no hat. But at second glance, that feather has a sturdiness, a kind of courage, an integration, with each little barb in its place, each contributing to a harmonious whole. That's it—each voluntary Red Feather agency doing its special job to meet the needs of all the families of all the communities of America.

The Red Feather is red

like the generous, full-bodied service of its member agencies

The Red Feather is streamlined

like ASHA's modern program for stamping out VD and prostitution and for strengthening family life

The Red Feather is optimistic

like the people who believe the world can be made better

The Red Feather is idealistic

like the teachers, clergymen and parents who teach the plus values of love fortified by morality

The Red Feather is eager

like the servicemen away from home who look forward to a friendly welcome in a community center

The Red Feather is resilient

like the agencies that shift gears to meet national defense demands

The Red Feather is cooperative

like the ASHA and its local affiliates working hand in hand with Community Chests and the United Defense Fund to help all

The Red Feather campaign during October and November is asking for funds and America is asking for the Red Feather services.



HOW
A FAMILY
GROWS

A Series of Sermons

by Rev. F. G. Scherer

In the beginning God: the first cause, the creator, the source of life and personality. Before man exists, God is. In the beginning is the beginning of the creative process. God has honored man by so establishing this continuous creative process that man may enter into it and share in it.

He has committed to man the power of choice, for this is a moral universe. So man may choose between the continuity and the extinction of his kind. If he chooses continuity, he may use the privilege of cooperating in the divine plan to attain the best possible goals. Or he may choose to use these endowments for the lowest form of dissipation.

Although the world in which we live is not one of our own choosing nor were we consulted about the male-female process of

reproduction, the acceptance or rejection of the scheme is within our power of choice. The purpose of these sermons is to point up the positive potentials resident in mankind.

The word "sex" is besmirched with the slime of the gutter. But so are the words "God" and "mother." When low-minded people want to express a superlative vilification they reach to the heights for words. So the ultimate in cursing becomes a combination of blasphemy, a declaration of illegitimacy and a defamation of motherhood. Those are fighting words in western drama. Yet the English language has no substitutes for "God" and "sex." Indeed, an important part of family life education is to restore the use of these words by associating their meaning with reverence and respect for personality.

So much by way of introduction to our general topic, "How a Family Grows."

I. Two to Begin

So God formed man in his own likeness, male and female he formed both, . . . and they shall be one flesh.¹

From the minister's standpoint, the beginning of a family appears at the study in the form of a man and a woman who announce that they would like to be married. They seldom seek specific advice before their engagement. The romantic lovers are quite ready to hear the minister say that marriages are made in heaven and that they are fortunate to have come to a capable agent of heaven to make their bliss official. That would be an easy arrangement . . . if the minister had no conscience.

He is actually confronted with a situation which calls for such delicacy and frankness as he can muster to point out that since there are no perfect men and women there will be no perfect husbands and wives. Not even the wedding ceremony will transform the character of the individuals taking the vows. He can assure them, however, that countless numbers of men and women have become husbands and wives and that the husband-wife relationship is part of the plan for the fulfillment of life.

Furthermore, he can say to these two people that they were made for each other in the sense that God is the source of life, and if both parties accept the world as of God's design, enter into the marriage prayerfully seeking the will of God, He can bless it, and blessed events may be expected.

¹ From: The Bible—A New Translation by James Moffatt, copyrighted 1922, 1935, 1950 by Harper & Brothers. Used by permission.

Love Is Not Static

The man and the woman are very much in love. They are scarcely aware of what the minister is saying, but it is worth continuing because they are sometimes helped. There are features of romantic love that need to be remembered in the wedded state. Attractive grooming, winsomeness, the display of affection, the unexpected gift, the word of praise, the assurance of position—first place in the heart of the other—are all contributing elements to happiness. But love will grow and the foundations will become even more secure. There will be an endless chain of adjustments to be made that will add to the joyous experience of the newlyweds. Or there will be a terrific crash.

An excellent statement of principles for meeting changing situations is applicable to the family, even though it was written by a bachelor:

Love is very patient, very kind. Love knows no jealousy; love makes no parade, gives itself no airs, is never rude, never selfish, never irritated, never resentful; love is gladdened by goodness, always eager to believe the best, always hopeful, always patient. Love never disappears.

These qualities are often called into service in reaching agreements on such minor matters as the division of a clothes closet and the menu for dinner tonight. If these comparative trifles are not quickly resolved, they can multiply in number and become major issues. There are other areas of interest that need thoughtful consideration.

Religious Differences

There are two religious attitudes that reflect the temperament of the individuals. Usually the differences are attributed to the training given in Protestant and Roman Catholic churches. That is an over-simplification of the matter. The authority of experience is the basis of religious faith of some; the external authority of a church, a priesthood, a written or spoken word beyond one's self is the accepted faith of others.

This conflict is well pointed up in the life of Jesus. He rebuked the external authoritarians of his day, and the people were astonished that he spoke as one having "authority." The record is clear that Jesus used all institutional and traditional resources for spiritual growth, but in the final analysis he accepted only that which contributed to abundant living, to personality development.

The person who finds his religious satisfaction directly and assumes personal responsibility for his relationship to God will

usually concede the privilege of any form of worship to another, but he also expects his way of worship to be respected. The one who is committed to a specific external authority will be greatly disturbed if the mate is not also committed to that particular system of "salvation." Persistent effort to squeeze the mate into a particular groove is a mistake. The situation may, however, be recognized and accepted without disastrous results. But family life will never reach its highest goal unless there is a congenial religious expression of faith within the home.

Closely identified with religious attitudes is the acceptance of the male and female role in marriage. Comparatively few who take the vows in a religious ceremony hold a wholesome understanding regarding sex adjustments. If religious attitudes encourage respect for personality—myself and the other self—and there is a reasonable exercise of patience, necessary adjustments will not be difficult. If religious training has implied shame in connection with reproduction, or if self-indulgence prior to marriage accompanies the individual into the new home, feelings of guilt, frigidity and impotence may result.

The gross ignorance that prevents intelligent consideration and emotional understanding of the place of sex in life is believable only to those with experience in social hygiene education. Two books that could well be included in the library of a new home are: Wood, *Harmony in Marriage*, and Stone and Stone, *A Marriage Manual*. Special study of sex education is recommended until this area of family life understanding catches up with related subjects.

The meaning of divine and human love is given reality in the experience that brings together the creative process of the Eternal with the complementary personalities entering into that creative process.

In-Laws Are Secondary

Another important adjustment has to do with in-laws. In entering the new home, the husband and wife need to know the significance of family histories. A recent publication by Bossard and Boll, *Ritual in Family Living*, is very enlightening as well as interesting reading. A couple may find their general pattern of homelife described in such a way that they can consider objectively what each has brought to the marriage, and what kind of a family plan they want to develop.

Interference by in-laws is responsible for the unhappy ending of too many young families. The over-protective parent, however noble his intentions, will have to be escorted out of a position of major influence. Escorted, graciously if possible, forcibly if neces-

sary. This need not cause a severance of all ties with the parental homes, but the newly wed couple have a primary obligation to each other and they must be recognized as a social unit.

A very similar adjustment will be faced as they seek out a social circle in which there are mutual friends. Unless they continue to live in a community in which mutual friends establish their homes, the personal friends of the man and the wife, prior to marriage, will have to take second place to the new, mutual friends in an acceptable social circle.

Financial matters often provide another test of character. One may be miserly, the other a spendthrift. The income may vary from that to which one or both have been accustomed. Personal and social pride, and sometimes business necessities, are in conflict. If both the man and the wife are to be employed outside of the home, are they ready to be patient in accepting the necessary limitations in their new home, to which they have been looking forward so hopefully?

Well, so you are married. Congratulations! If, during courtship, you have thought love is wonderful, you are in for a great surprise. It is much more fascinating and satisfying than you have been thinking. For God's love, which was in the beginning, continues as the abiding resource. Utilize that resource. Laugh together, pray together, keep on growing together, practice creative living. Say yes in your hearts to the eternal design of the husband-wife relationship.

II. Now There Are Three

. . . Prayed to the Eternal for this child. . . . And the Eternal granted the request. . . . Therefore, also, the child is granted to the Eternal.¹

The first child has arrived. There are now three members of the family unit. All of a sudden, husband and wife are also father and mother. They are the most important people in the world to another person. Living together harmoniously in the midst of strange and exciting situations is complicated.

In an ancient setting there is an account of the birth of a wanted child. Elkanah had two wives, as the custom permitted, and one wife had children. However, the favorite wife, Hannah, was without child in a land where it was usually necessary for a woman to be the mother of a son to be held in esteem. Hannah prayed, long and sincerely, that she might have a man-child. More than that, she vowed that her child should be dedicated to Jehovah. She did become the mother of a son, Elkanah respected her vow, and their

infant was “dedicated unto the service of Jehovah.” And Samuel became one of the great spiritual leaders of his generation.

Emanating from the creative energy of the Eternal, in accordance with the design of the Supreme Intelligence, through the cooperation of a man and a woman with the Creator, two tiny cells found each other. The sperm cell fertilized the egg cell and that was the beginning of another human being. After developing for about nine months, in a special place in the woman’s body, the resultant product was more or less gently ejected from that comfortable security. A child was born—even as you and I.

The Baby—Wanted or Unwanted

The baby may be received by the parents, as in the case of Elkanah and Hannah, with entire satisfaction. A child who is asked for and who is wanted is most fortunate. But unless the illustrious parents of ancient history were different from their contemporaries, they would not have welcomed so wholeheartedly the arrival of a female child. She would have been tolerated and allowed to be a working member of the family. Had the parents been non-religious and no child had been asked for, it is quite likely that the infant would have been met with feelings of rejection and hostility, regardless of sex.

It is too bad that those attitudes of mere acceptance and open rejection did not die generations ago. The arrival of an unwanted child is a disturbing influence in the family. Instead of solidarity, there is the beginning of disintegration. A barrier is raised, not only against the growth of the child, but also against all growth of affection within the family. The trend toward irritation can become the family pattern. The atmosphere of the home can become one charged as with an electric storm, filled with contention. The visible form of life under the same roof may continue, but it will be one of struggle and competition rather than of cooperation. The personalities of everyone involved are undermined and dwarfed.

But in the case of the wanted child, the circumstances are much happier. A child wants to be wanted. So do husbands and wives and fathers and mothers. Is there anyone who does not want to be wanted? An infant needs affection that gives him a sense of security. At what age do we outgrow that need? A child wants to be recognized and praised. Who is not pleased when he is noticed and commended for achievements?

In this atmosphere of good will toward one another, individual personalities of all members of the family expand. This is a practical affirmation of the universe, which is fundamentally a religious way of life.

The Child Is a Human Being

The child in the midst is a person. He is not a pig, not a cow, not a monkey. Just because babies are dependent, and because they sleep, eat and eliminate, that does not place them in the animal class. The husband and wife are also parents of another human being, a personality. Furthermore, this child is either a male or a female person.



*Children
are
people.*

The fact that sex is inherent in the universal scheme of things and that it is inseparable from human beings is self-evident with the birth of every child. Is it not then equally apparent that parents should possess knowledge of sex growth and guidance as spiritual equipment to be shared with the child? Theirs is a joint responsibility for the care and nurture of their child since he is a combination of the characteristics of both the father and the mother.

Since the child is a person, knowledge of breeding and raising stock will not meet the educational requirements for giving guidance in human reproduction. Surely the difference between mankind and animals does not need amplification. There is that spiritual quality in man which is generally accepted. Is it not obvious, then, that sex education, including information concerning human reproduction, should be given in this spiritual setting? It seems that we are always returning to the central theme of identifying sex instruction with the acceptance of the universe.

Some writers suggest that the rejection of a child may express resentment at one's own cosmic destiny. World affairs are certainly tangled, so that there is reason for thoughtful people to hesitate to accept responsibility for bringing another person on the

scene. It is less understandable that religious thinking can be so confused that people can talk about the love of God, in whom resides the only creative process that is known, and at the same time assign to him a process for creative continuity that is inherently "sinful."

The Negative Attitude

The importance of all this lies in the fact that parents convey their attitudes to their children even more vividly than they do their precepts. If there is any shadow of shame in connection with reproduction, or any feeling of rejection, that will be revealed to the child with a more lingering effect than spoken words.

By way of illustration, consider the question of the very young child, "Where did I come from?" Suppose reply is made that babies come from God. Then suppose that the adult giving this reply is ashamed of God and his method for human reproduction. Has the partial truth not been put into an atmosphere charged with a negative attitude toward a creator for whose character there must be offered an apology? The confusion will carry over into other answers regarding questions of origins.

In the book by Margaret Bro, *When Children Ask*, there is excellent help in understanding the relation of various questions that indicate the child's searching for a single, simple answer to the riddle of the beginning of the universe. How did the world get started? Who made the stars? If the adult reply is to the effect, in words, that God was in the beginning, but our attitude toward God is one of shame, then the answer really is that God was in the beginning but we are sorry that He did not do a better job. Is it any wonder that the child is confused, as we are?

Sex Education Is More Than Physical Fact

Admittedly, the mystery of birth is being slowly cleared. Such information as is available deserves wider distribution. And the best judgment of mankind is that God is of the very highest moral character and that the privilege of mankind in reproducing the race is designed to be in keeping with that moral integrity. The physical facts, as they are known, may be built into the framework of the moral and spiritual concepts with constructive results.

For instance, the child who inquires about his origin, may be told: "You grew in your mother's body." As the questions and answers recur, information may be added. "You grew in a special place in your mother's body." "God made a special place in mother's body where you could grow." Little by little, the essential facts will become incorporated so that they will be associated with the love of God, love between God and parents, between parents and

the child, between God and the child. Sex guidance is then an acceptable feature as the universe is being explored and explained.

There is a sense in which every child of religious parents, who are conscious of their relation to the creative process, becomes a dedicated child, a member of the household of faith. When parents make this commitment, it strengthens their mutual acceptance of responsibility for their child. When the child grows older, it will add significance to his acceptance of responsibility for himself to know that he is meeting the expectation of his family and his God. A motive is at hand for striving for moral integrity.

III. Growing Up Together

And the child increased in wisdom and in stature and in favor with God and man. . . . And his parents . . . astonished . . . pondered. . . .¹



A child's questions help parent and child to grow.

The family group provides its own laboratory for experiments in family living. Experiences of all members of the family, in the daily routine outside as well as within the home, come into the family-council-laboratory for evaluation, clarification, acceptance, modification or rejection. The pattern of the family group is always being tested, confirmed or revised. Desirable social standards are wrought out of amiable, conciliatory conversations, with plenty of humor to keep the situation in an atmosphere of relaxation.

The family may agree that the social standards in the community are acceptable, or they may discover that they will need to stand for other standards as a family group, giving mutual assistance in attaining goals in their various contacts outside of the home. Each member of the family is stronger for having the approval and support of all other members.

It is difficult for the family to appreciate the growth that is taking place in the individual members. However, it should be clear at all times that all lines of growth need to be so integrated that they will converge in the direction of the goal of moral character. It is not enough to exist, to get taller and then fatter. It is the quality of life that gives the reason for being. Probably it is the pursuance of a certain quality of moral character that offers a reason for survival, a continuing to be, in order to become.

It may be useful to highlight certain periods of growth and try to illustrate how several factors can contribute to the integration of the personality.

In infancy and early childhood the individual is totally dependent for food and shelter and other necessities to continue his existence. He is equally dependent for ideas, ideas of God, ideas of people. He is a human question-box. Some questions are asked, many more are unasked. He is dependent not only for the facts but also for the interpretation of the facts. What parents know, they can tell; what they do not know, they can begin to learn with the child. This attitude of joining in the curiosity of the searching mind establishes a method in family learning together, and parents are surprised to find themselves growing too. Evasion of this privilege is to set an attitude of retreat from reality as the way of life, instead of one of affirmation.

Early Sex Guidance

For the first ten years, sex guidance can be very matter-of-fact on the part of informed parents, church and public school teachers and other adult leaders. For children do not have emotional associations with the subject matter unless adults have put emotional content into sex distinctions. Boys and girls play together on the basis of congenial companionships.

If information has not matched their curiosity, playground incidents may occur because they become aware of differences in physical structure and they want to understand them. This is not a perversion nor an occasion to call the police. Parents will find Dickerson's *Home Study Course* a ready help in meeting the situation with adequate information.

Laws Govern Growth

In connection with the facts, there is an excellent opportunity to implant the idea that growth—creative living—is in accordance with laws. There are natural laws and there are spiritual laws involved in sex growth, highly dramatized in the preparation of the person for parenthood. Then there are laws to govern society, and obedience to these laws adds to the welfare and strength of the state. Obedience to the traffic patrols on the way to school is within the experience of both adult drivers and children as pedestrians. It will be good for adults to practice what they preach in regard to traffic laws! Property rights, the non-defacements of walls and many other matters related to law observance may be introduced.

This method of training by the association of ideas is useful in itself, and it will prevent instruction in sex guidance from becoming an isolated subject. Remember that we are trying to have all lines of growth contribute to the integration of personality.

Another definable period of progress is that from childhood to youth. These are the years of puberty, the transition from total dependency to the beginning of independence. There is a marked effort on the part of the individual to attain self-mastery. Physical changes are taking place that arouse personal interest and speculation. Generative powers are being added in preparation for parenthood. This new life does not arrive by request any more than did birth itself.

The question now is not so much "Where did I come from?" as it is "Why am I here?" Some of the experiences at this time are embarrassing, some are humiliating, unless they are understood. It is natural for the youth to ask: "Why do these things happen to me?" It is tragic only when answers are not forthcoming, and he exclaims in despair, "Nobody understands me!"

At no time is youth more secretive and difficult to approach than during this transition. Because of their self-interest, they seem to resent even the friendliest gestures. The trust and confidence that parents have cultivated are now called into service.

We are impressed again with the idea that we cannot do the growing for another person. We can surround them with the conditions for growth and then let them do their own growing. One of these conditions will be to see that the physical facts are known, that certain glands have become active and that they are bringing about some rather obvious changes. Then identify these changes as being part of a universal experience. Every boy and every girl

go through the transition and most of them arrive safely in the port of young manhood and young womanhood. The physical facts must be common knowledge as a basis for further mutual confidence.

Preparation for Parenthood

The family is also the place to associate this particular experience with parenthood. It is the beginning of preparation for parenthood years ahead. This is the way God and man unite their energies in adding life to life. Then this idea becomes associated with self-realization and personal responsibility. It is at this period that more individuals dedicate themselves to God than at any other age.

Each boy must learn to live with himself, before he can live with others. He must learn to live with other boys before he gets involved in boy-girl society. Each girl must learn to know herself, her new capacity. She should learn to live with other girls before entering actively into a society of boys and girls.

Wise are the parents who understand that their children are growing up. They are always astonished at how suddenly they increase in wisdom and stature and in favor with God and man. Let them ponder earnestly how to cultivate their own resources so that they will keep abreast of the expanding interests and capacities of youth, so that they will give sound guidance. The family does grow up together.

Is it not true that many persons have not successfully emerged from this state of self-interest? They are self-conscious and uncomfortable in social relationships in later adolescence and on into adulthood. Parents may notice their own inadequacies reflected in youthful tendencies to continue too long in solitary activities. It is worth a great deal of effort on the part of the entire family to participate in church nights and community events that encourage social mingling of all ages.

Self-respect and self-love are essential qualities, but growth toward maturity moves from self to other selves, to respect for all persons and reverence for the personality.

IV. Looking Ahead to Another Family

When I was a child, I talked like a child, I thought like a child, I argued like a child; now that I am a man, I am done with childish ways.¹

As the individual emerges from the period of transition, the matter of personal responsibility is involved. It is not only a skill but an art to release adult authority in the ratio that youth is prepared to assume that authority. But youth must learn to walk alone in

early adolescence as truly as he had to learn to walk alone in early childhood. Adult leaders and parents diminish their doing of things for youth. There is no choice but to suffer with youth in their mistakes, to rejoice with them in their successes, as they learn to do things for themselves.

Are parents then no longer wanted? Well, ask yourself another question. Does anyone ever reach such complete maturity that he never wants advice and help? Parents, too, are engaged in striving for greater maturity, and the best hope is that they are always more advanced than their teen-agers. If mutual understandings have not been blocked, parents are wanted parents. The cycle is endless. Parents want children who want parents. Youth want their own parents, and they want to become parents of their own children.

Biologically, the outreach for immortality is expressed in wanted progeny. The cycle is not accidental; it is of eternal design and purpose. The individual seeks to project his personality into the indefinite future. But an individual cannot do this alone. A man and a woman are necessarily involved in the process. Selective mating is essential to the fulfillment of these desires. Not just anybody will fit into our idea of the family pattern. We have our pride.



Looking ahead to another family is rightly a family matter. The immediate family is painfully aware of shortcomings. It also has a reservoir of valuable experience from which to draw the ideals it would like to have continued. Then, too, parents often have

amusing accounts of the adjustments they had to make when they were first married. By introducing them into the family conversation, youth will readily perceive what to expect and what is expected of them in looking forward to their own homes.

When dating days begin, parents are apt to get as nervous as youth on their first dates. Someone has done a great disservice in dubbing early ventures "puppy love." The implication is that after puppy love comes the maturity of doggy love. The facts are otherwise. Persons attract other persons. True, the thrill of today's attraction may be lost in the excitement of tomorrow's real life scenario. This is an entirely wholesome method of selecting the person who is to become the steady date and eventually the new member of the family.

What do parents have to offer during this hectic period?

Confidence Should Be Mutual

First, there is a spirit of confidence. Doubts and fears within the parents will undermine the stability of youth in critical days of decision. Confidence in themselves will undergird the poise and confidence of youth in themselves. Is there a more heartening tribute to the security of the home than the return of youth from a date and wanting to tell the parents all about it? This is the pay-off for having given to youth scientific information regarding physical growth. Having found that adults do have wisdom and experience to offer in that factual area, youth have confidence in the guidance sought by them in other areas of social living. The one pearl without price in the hands of adults is the confidence of youth and in youth.

There is a second contribution that parents make during these years. It really is a further expression of confidence but in a less favorable situation. Parents can let their youth know that they will stand by, yes, forgive, if there should be deviations or misbehavior or a temporary relapse from the family standards. This feeling of solidarity will act as a deterrent in accepting, or participating in, some of the social practices currently prevalent that are destructive. Even a slight hesitation to let the family down may afford just time enough to get perspective on certain lines of conduct and on their consequences.

Nevertheless, men and women are imperfect and the children of these same men and women are also less than perfect. Mistaken judgment, followed by impulsive action, does occur, with disastrous results to both present and future family life, as venereal disease statistics reveal too clearly. Certainly promiscuity is unacceptable as a standard of social practice. But does not the hope of minimizing

the evil rest in holding on to the persons and in restoring their sense of and desire for decent living? Is it not divine to forgive? And add to forgiveness medical and mental therapy. This is a family matter, too.

A third method of helping youth meet complex situations is to continue to express affirmation of those qualities of character which are most desirable. Parents may be confronted with the necessity of re-thinking their own positions. A few years ago there was a prevalent thesis that all sex is sinful. Today the popular presentation is that sex is something merely for pleasure.

In this series of discussions, the position is taken that sex is of divine design, as a means of complementing male and female personalities for the purpose of projecting through their progeny qualities of character that have survival value.

The Draft and Early Marriage

Military service raises the question of early marriage, plus preparedness to meet the responsibilities of marriage. There is no ready-made answer. Chronological age is of less importance than maturity at a given age. Have the couple accepted the reality of being separated indefinitely? Physically and spiritually, there is a longing for life and more life. This seems to be a reaching-out for a mature concept of the meaning of life itself. Do they have a feeling of security in a friendly universe, believing that true survival values are in the quality rather than the quantity of life?

Of course, there are other matters in connection with preparedness in these circumstances. Parents and youth need to be drawn very closely together to give prayerful consideration to eternal values in the midst of world tensions.

This brings us to the conclusion of the discussion as to how the family grows. It must be quite obvious that childish attitudes are not competent to meet the issues in a growing family. As there are natural endowments within the individual that cause him to grow, when properly nourished, from child to man, there are also spiritual forces that, when properly nurtured, cause him to develop from total dependence to maturity.

Life in all areas is dynamic, so that progressive stages of growth in this moral universe carry us into areas that demand maturing perception of choices favorable to survival values and larger growth. It is a man's world, not a child's.

Someone always asks if there is not great risk in enlarging the scope of knowledge. Of course there is. All education is a risk that crooks will know how to be more destructive crooks. In sex

education there is a risk that the information will be used for sensual rather than for creative purposes. God took a great risk in creating man as he did, with power to choose what he would do with life. The risk is inherent in our universe and we cannot eliminate it.

Our responsibility is to enlighten mankind in every way possible. The fact that we want to have our best qualities continued in the family line is reasonable assurance that we dare risk disseminating knowledge. Let's surround the family with light and love and let its members grow.

* * * *

GRIN AND BEAR IT

by Lichty



"It condemns the lack of morals in the younger generation and wonders where they're heading for!"



HENRY VIII
AND THE
FRENCH
POCKS

The End of the Tudors

by Walter Clarke, M.D.

No English king ever gave greater promise of success as a sovereign than did Henry Tudor in his youth. Apparently he had everything. He was a notable athlete excelling at all sports. He was handsome, gay and charming. When fully grown he was six feet, four inches tall; his hair and beard were golden, his eyes blue, his smile candid and friendly—a kingly man.

Intellectually, he was brilliant and was considered in his maturity one of the most learned men of Europe. He loved music and was proficient both in composition and performance. His vocal and instrumental music is even today rendered frequently by distinguished choirs and orchestras.

In 1519, when Henry was 28 years old, the great scholar Erasmus, an impartial foreign observer, referred to him as a “learned King, manly, sound legislator, strict administrator.” Others said he had “a face like an angel, so fair it is.” Another wrote, “His sweet soul is enwrapped in the heavenly sound of music.”

Since in his early boyhood he was not the heir-apparent to the throne of England (his older brother Arthur, Prince of Wales, being then alive), Henry's early education was designed to prepare him for the priesthood to become at length the Archbishop of Canterbury. But by temperament and outlook he was of the Renaissance, his mind opened outward welcoming the revival of learning. While the king, Henry VII, led a cramped, frugal life, the young prince inclined to an expansive life of enjoyment.

A Political Marriage

Thinking to strengthen his none too secure position in Europe, Henry VII, father of Arthur and Henry, arranged with some difficulty a strictly political marriage between Arthur and Princess Catherine of Aragon, daughter of that same Ferdinand and Isabella of Spain who equipped Christopher Columbus for his voyage of discovery. Arthur was 14 and Catherine 15 when the marriage was solemnized.

On the death of Arthur less than a year after the marriage, the Spanish king refused to pay the second installment of Catherine's enormous dowry and suggested that she be returned to Spain. Since Henry VII needed the dowry and, even more, the important alliance with Spain, he bethought himself of a good way out. Let Catherine marry Henry, the new Prince of Wales. This was finally agreed to all around, but because Ferdinand boggled on actually paying the dowry and because in his eyes the alliance itself was no great bargain, the marriage was postponed from year to year while Catherine was held in an equivocal status in England.

Henry VII tried yet another method of consolidating his position with the powerful Ferdinand. By this time a widower, Queen Elizabeth having died, he wrote to the Spanish king offering to marry "mad Juana," Ferdinand's older daughter. Ferdinand replied that he would be happy to recommend the marriage, but he thought Henry should know that Juana still kept beside her the corpse of her former husband, Philip, dead these many days. Juana refused to bury him and would doubtless expect to bring the corpse with her to the English court. Henry dropped the matter at this point.

Henry Marries His Brother's Widow

At last Henry VII died. The handsome, talented Henry VIII came to the throne and promptly married Catherine of Aragon. She was 24 and Henry 18 when they wed in 1509. There was great rejoicing in England over the new king and his bride. A new day, a new era opened before monarch and people.

Catherine was a gracious noblewoman of fine character, great kindness and generosity, loved by court and commoners from the time she came to wed Arthur, and even after she was cast out by Henry VIII. The people called her "the good queen." It would probably have been better for Catherine had she returned to her native Spain when Prince Arthur died. Her real trouble began promptly after her marriage with Henry VIII, when he infected her with syphilis.



*Her divorce
rocked
Britain,
Spain
and Rome.*

An Age of Easy Morals

Henry's sex morals were probably no worse than those of other English noblemen of the time. They were "loose." Promiscuity seems at that time to have been accepted as normal for young aristocrats—and probably for others. Male and female hangers-on about the court did not limit their love affairs to mere philandering.

It was stated years later in the charges against Cardinal Wolsey that he gave Henry the "French Pocks" by whispering an obscene story into his ear. There is good reason to believe that Wolsey told Henry many dirty jokes, but the Cardinal had several quite healthy illegitimate children of his own, which fact throws more light on the morals of the time than it does on the source of Henry's infection.

The sister-in-law of Henry's mistress, Mary Boleyn, could not become an abbess of the religious order to which she belonged because she had two bastard children. Henry himself had an illegitimate son by Lady Elizabeth Blount—the only one he admitted—to whom at the age of six the king gave an honored place in the royal household, making him Duke of Richmond. Doubtless, Henry acquired syphilis in the usual way, by sexual relations with a woman at the court or elsewhere, but the actual source is unknown.

The French Pocks—A New Disease

According to medical historians, syphilis had but recently been introduced into Europe, and odd coincidence, by the returning men of Columbus' little fleet, sent out by Catherine's own father and mother. The "new" disease was first described in 1493 by Dias di Isla, a physician of Barcelona. He had examined afflicted members of Columbus' crew, who stated that during their voyage of discovery they had picked up the disease in the usual way from the women of the island of Santo Domingo in the West Indies.

Because of the sex morals of the times, the infection spread rapidly in Spain. Infected Spaniards joined the European armies that marched through Italy and captured Naples early in 1495. The new, virulent disease, propagated as it has been ever since by war conditions, caused death and disability among the soldiers and camp followers in and around the occupied Italian city.

Forced by the strange epidemic to abandon their effort to hold Naples, the armies broke up, scattered and returned to their homes in Spain, France, Switzerland, Germany and England—taking syphilis with them. In country after country, physicians described the new disease, each country ascribing it to whichever foreign people they hated most. Most commonly it was called the "French Pocks," and this was the name given to it in England, where it was first recognized.

In 1496 a German writer mentioned that English soldiers in Italy had acquired the new disease. In 1497 the authorities of Aberdeen, Scotland, ordered that "for protection from the disease which had come out of France and strange parts, all light women desist from their vice and sin of venery and work for their support, on pain, else, of being branded with a hot iron on their cheek and banished from the town." The records at Bristol, England, report the introduction of the disease there in 1498 by persons arriving from Bordeaux.

Numerous other cities reported outbreaks of "French Pocks." It was not until later that the infection was given the name "syphilis" by which it is now known throughout the world.

Henry Infects Catherine

Syphilis spread rapidly in England and in all Europe. Since Henry and Catherine were married in 1509 when the king was only 18 years old and since he promptly infected his bride, as will be shown by the tragic sequence of events, it can be appreciated that Henry had lost no time in acquiring syphilis. But many a young man, even today, is infected in his 17th or 18th year.

No Male Heir

Seven months after her marriage January 31, 1510, Catherine gave birth to a premature, dead child, a girl. This was but the beginning. Eleven months later, January 1, 1511, a son was born. He lived only three days. In September of 1513 a second son was born, dead. A third son was born in June of 1514, to live briefly and then die. Eighteen months later, February 18, 1516, a girl was born, and this child survived. She was christened Mary and she lived to be called "Bloody Queen Mary" of England. There were other miscarriages and finally one last stillborn boy on November 17, 1518.

This was the sorrowful end of childbearing for Catherine. At the age of 35 or 36 she ceased menstruating and Henry turned from her, a bitterly disappointed man. He wanted and needed a sturdy son, or better, sons, and it was evident that Catherine could not bear one. Henry blamed her, not himself, for the long series of infant fatalities.

The pressure of public opinion and especially of sentiment at Henry's court demanded a male heir to the throne. Political considerations made it imperative, his own self-love urged him to find a way to have legitimate male offspring. Furthermore, he was infatuated with a girl of a very different type from Catherine of Aragon.

Henry Divorces Catherine

At length, Henry decided to divorce Catherine, on the specious and insincere grounds that he had illegally married his brother's widow. During long-drawn negotiations, the Pope in Rome delayed in granting the divorce. Finally, under pressure from Henry and especially from the girl he wanted to marry, the obliging Archbishop Cranmer, more anxious to please Henry than to obey the Pope, did it on his own shaky authority.

For a while Henry was deeply worried about this action. As it dawned on him, however, that he could do as he pleased despite the Pope, a whole new realm of power and action opened up before him. It was a significant discovery that changed the history, political and religious, of England.

Catherine had conceived at least seven times. The results were two girls, one stillborn; four boys, all stillborn or dead soon after birth; and at least one miscarriage, sex unknown. Only one of the seven survived—Mary, who lived to be 42. She was "sickly" throughout her life; her eyes were "weak," she was not pretty, her disposition was grim, her childhood sorrowful and, except for her mother's passionate devotion, it was loveless.

Congenital Syphilis

All of this illustrates perfectly what congenital syphilis does to children. Catherine's stillborn babies and those who died soon after birth were unquestionably killed by syphilis transmitted to them before birth by their mother. The trouble with Mary's eyes was probably interstitial keratitis, one of the most frequent of late manifestations of congenital syphilis. All of this nowadays could be prevented with a few doses of penicillin, given to the mother as soon as syphilis is found in her.

There is no hint anywhere in the histories, even by the queen's bitterest religious enemies, that Catherine ever conducted herself in such a way as to contract syphilis from anyone except Henry VIII. Her marriage with Arthur, she swore, was never consummated. They were mere children at the time of Arthur's death.

Divested of her title, deprived of her prerogatives, the divorced queen lived quietly, even in relative penury, from the time Henry finally cast her off in 1533 until she died three years later. She devoted herself to good works for the poor and to prayer and was loved and respected by the common people.

A postmortem examination of Catherine's body, as reported by the surgeon who did it, disclosed no abnormality of any organ except the heart. This was described as "black and hideous with a black excrescence which clung closely to the outside." Older physicians mistakenly ascribed this condition to poison. No poison produces such a lesion. More recently, physicians have suggested a form of cancer (melanotic sarcoma), which produces a dark mass. This, however, is found in relation to the heart only in the very rarest case. A good guess is that she had a sacular syphilitic aneurysm low in the aorta.

Henry's daughter, Mary, was not an attractive child and in the eyes of the law (the marriage of her mother having been declared illegal), she was a bastard. After her exile from the royal residences, Catherine was not permitted to see her. Henry persecuted both Catherine and Mary. He felt that their strong allegiance to the Roman Catholic faith threatened his newly asserted supremacy as head of the church in England. He pressed Mary to declare that her mother's marriage had been incestuous and illegal, and to acknowledge Henry as the spiritual as well as temporal ruler of England. Mary conformed literally to save her life on the assurance of her confessor that no such compliance to duress would be held against her in this world or the next.

With Catherine of Aragon at last out of the way, Henry lost no time in marrying Anne Boleyn, who was already several months

along in pregnancy. Her associates at the court guessed that she was pregnant because of her ravenous appetite for apples!

Henry had in the past showered many favors on the Boleyn family, raised the father to the peerage with the title Lord Wiltshire, made several large grants of land to him. In return, Henry had had Anne's older sister, Mary, for his mistress.

Contemporaries considered Anne no great beauty. She was small of stature, with long, dark hair and a swarthy complexion. Her eyes, black and beautiful, were her best feature, and she knew how to use them effectively. Her neck, which was long and small, was considered exceptionally graceful. She was gay, witty and sophisticated.

*So fair a neck,
So sharp an axe.*



When Anne returned from three years at the French king's court, Henry took note of her, and although she was only 16 he laid siege to her. It seems that his plan at the beginning was to discard Mary Boleyn and take Anne for his mistress.

Anne, however, had other plans for herself—and for Henry. She was in love with and wanted to marry Percy, heir to the Earl of Northumberland, but Cardinal Wolsey intervened and sent Percy away, an act which Anne never forgave nor forgot. She connived at Wolsey's downfall, and it was Percy who later arrested the Cardinal. Fortunately for Wolsey, he died before he could be brought to the Tower.

With Percy lost to her, Anne played her cards skillfully. She was determined to be queen if she must give up Percy. She held Henry off while his ardor increased. Anne had excellent advice from the clergy on how to exploit Henry's passion for her own and their ends.

At last, after several years of courtship, she made it clear to Henry that only on his absolute promise of marriage could he have her. Henry gave the promise, with Cranmer's aid hastened his divorce from Catherine, and Anne's pregnancy was the result.

Anne Boleyn—The New Queen

It may be questioned whether Henry really intended to make good on this promise. When, however, a midwife and an astrologer had examined Anne and assured Henry that the foetus was definitely a boy, Henry's joy was boundless and he hastily and secretly married Anne Boleyn. He even had the marriage dated back to give more appearance of legitimacy to the pregnancy. This was doubtless the highest point in the lives of Henry and Anne as they waited, confidently, for the birth of their son and heir to the throne.

Birth of Queen Elizabeth

When it arrived on September 7, 1533, the child was a girl. Both parents were crushed. When Henry brutally told Anne that he regretted having wed her, she was frightened.

The little girl was named Elizabeth and she lived, not very happily, to be the greatest English woman in history. After the death of her mother, Elizabeth was not wanted about the court, but Henry saw to it that she, like Mary, her half sister, was well instructed. Later, while Mary was queen, Elizabeth, then confined to a remote residence, scratched these lines on a window pane:

Much is suspected of me;

Nothing proved can be.

Elizabeth—prisoner

Much indeed was suspected of Elizabeth. She never married and had no offspring. It was said of her that "no man ever loved her enough to risk his neck for her," and it is now thought that she had an endocrine imbalance which put marriage out of the question for her.

Her personality remains to this day one of the unsolved mysteries of history. She was hard, bright and undaunted. She lived a long and brilliant life and died in her 70th year, probably of a septic infection of the throat.

During the two years following the birth of Elizabeth, Anne conceived at least twice and produced two stillborn infants. The last, born early in the year that she died, was a full-term boy. The same "curse" that was visited upon Catherine of Aragon now rested on this young and previously robust woman.

Still No Male Heir

Henry's disappointment at the fatal outcome of Anne's two pregnancies after the birth of Elizabeth was deep and bitter. His ego was injured at a vital point. He could give his wives male seed, but they could not bear him living sons. Every son, at least five by

then, was born dead or died soon after birth. His anger turned on Anne much more dangerously than it ever had on Catherine of Aragon.

The success that had rewarded Anne's plans to make herself Queen of England was more than enough to inflate the ego of this young woman, whose motives were entirely selfish. She became arrogant and insolent even toward her own family, malicious and cruel toward any possible rival for Henry's attention and especially toward Catherine of Aragon. She reduced Princess Mary to the menial lot of nursemaid for Elizabeth and gave orders that Mary's ears were to be cuffed if she proved resentful. She spoke insultingly to that old soldier, her uncle, the Duke of Norfolk, who turned away in disgust muttering that Queen Anne was "*une grande putaine*." A charitable translation of this angry remark is: "She is a great hussy."

The common people hated her, called her "Nan Bullen, the English Whore," believed that she had played upon Henry's weaknesses to put herself in the place of "the good queen." A crowd of several thousand women threatened to attack Anne on one occasion when she appeared on the streets of London.

Within a few months of her marriage, Anne had, or thought she had, reason to complain of Henry's relations with other women, and she dared to complain to the king about it. Henry's reply was ominous, "Shut your eyes even as your betters have done, for I have power to humble you even more than I have raised you."

Charges Against Anne Boleyn

Early in 1536 charges against Anne, probably inspired by Thomas Cromwell, were whispered about the court and then, with Henry psychologically prepared to believe them, were hinted to the king. It was alleged that Anne had committed adultery not once, not with one person, but often and with many men since her marriage to Henry.

This charge, if sustained, would mean death for Anne, not so much on moral grounds as because of the probability that the "royal blood would be polluted." If the queen had intercourse with anyone other than the king, how could anyone know that a child of the queen were indeed the king's offspring and therefore rightfully an heir to the throne, or merely the spawn of some lesser man?

Historians cannot decide whether Anne was guilty of the crimes of which she was accused. At the time, opinion at court and among the common people was almost unanimously against the queen, but one must take into consideration how universally she

was hated, how dynamic were the political and religious motives for getting rid of Anne the Protestant, how eagerly king and people desired a male heir to the throne which evidently Anne, no more than Catherine, could provide.

Anne's sexual adventures, it was alleged by her accusers, began soon after the birth of Elizabeth. Within a month after the birth of her first child, Anne, it was said, solicited Sir Henry Norris, the king's closest personal friend, and a week later Sir Henry yielded. Others charged with adultery with Anne were Sir William Brereton and Sir Francis Weston. It was alleged that she had sex relations with Lord Rocheford, Anne's own brother, and that she even stooped to a court musician named Mark Smeaton.

Under Cromwell's ruthless leadership, events moved rapidly. Norris, Brereton, Weston and Rocheford were taken to the Tower of London, Smeaton to a prison for commoners. Anne followed them to the Tower a short time later. The men alleged to have been Anne's lovers were tried first, and on May 12, 1536, all were found guilty, but only Smeaton, under torture, confessed his crime. The others maintained their innocence to the end. Norris was offered his life if he would confess, but he replied that it were better to die than unjustly to charge the queen with such an offense.

Anne was found guilty by two grand juries and a petty jury. A special tribunal consisting of nearly all the lay peers of the realm, presided over by Anne's uncle, the Duke of Norfolk, on May 15 found her guilty. The men in the case having already been found guilty, Anne's guilt seemed self-evident. Anne's own father and her uncle agreed to the verdict of guilty. Much of the damning evidence was given by Lord Rocheford's wife, who later was herself beheaded for her part in another court scandal.

The record of the evidence produced at the trials was destroyed because it was "too infamous" to be kept in the archives. Perhaps it was too fraudulent to bear the scrutiny of dispassionate investigators.

We shall never know, therefore, whether Anne Boleyn was an astonishingly promiscuous little climber or whether she was the most conspired against, libeled and unjustly punished of queens. Even if she conducted herself as charged, there is, in any event, room for scientific explanation and for sympathetic understanding by us moderns.

There is a form of mental disturbance called the psychosis of pregnancy or of the puerperium which not infrequently occurs before or after childbirth. Every physician is familiar with this mental disorder. It takes various forms, all of them very heart-breaking for the husband and family. Sometimes the unfortunate

mother turns violently against her husband, the father of her child. Sometimes she completely ignores the baby, will have nothing whatever to do with it, or she may wish to rid herself of the child, so that in either case the baby must be taken away from her. And sometimes she suffers overwhelming sexual desire, soliciting without discrimination every male near her.

It may well be that Anne was suffering from this form of mental disease. Her conduct at her trial and execution support the theory that Anne was in fact insane. Nowadays she would be sent to a mental hospital.

There is one additional bit of medical evidence adduceable in the light of modern knowledge. It is improbable that Henry, whose syphilis was latent or late, could have transmitted syphilis to Anne 24 years after he infected Catherine of Aragon. Syphilis does not often remain communicable by sexual relations more than five years after infection. Anne's first child, Elizabeth, evidently did not have congenital syphilis, but her subsequent offspring, two stillborn babies, probably did. She acquired syphilis, it may well be, after the birth of Elizabeth, by sexual relations with someone other than Henry.

Norris, Brereton, Weston and Rocheford were beheaded in the Tower, and Smeaton elsewhere, since he was a commoner, on May 17, 1536. They went stoically to their deaths. Anne was forced, as part of her punishment, to witness their death. Two days later Anne herself was executed in the same setting in the Tower.

As the end drew near, Anne continuously placed her hands about her slender neck and said, "They'll call me 'Queen Anne sans tête, Queen Anne sans tête, Anne sans tête.'" She remarked to her attendants that the executioner would have no trouble—"My neck is so small."

Her last words as she knelt in the straw on the scaffold were a prayer for the king. The executioner, a Frenchman brought for the purpose from Calais, waited, standing behind her, until her prayer was finished. Then he stooped and silently drew the broad sword from its hiding place in the straw and swiftly struck. Anne had been correct: with one blow he beheaded her. The governor of the Tower, who had seen many people executed, said on seeing Anne die: "This lady hath much joy and pleasure in death."

The state of Henry's mind is well shown by the fact that the day following Anne's death he was betrothed to Jane Seymour. Her story is short and tragic.

Henry was 45 and she 26 when they were married. The king was old for his age. He had become irritable, arrogant, violent, morally deteriorated. He was grossly obese from constant gluttony,

and he had an ulcerated area and a sinus in one leg from which a fetid discharge persistently flowed. Possibly this sinus arose from syphilitic disease of the bone. Occasionally the sinus closed and the king suffered great pain until it burst open again. The stench about his person was so powerful that even the liberal use of strong perfume could not overcome it.

Jane Seymour Next in Line

Jane Seymour, like Henry's previous wives, was "no beauty," but she was popular and came from an excellent and powerful Catholic family. She was slight of figure and had clear grey eyes and brown hair. Her face had shy charm and a certain air of sadness.

Henry became enamoured of Jane in 1535 and tried unsuccessfully to seduce her. Hearing of his scandalous conduct, Queen Anne flew into a rage and later attributed her first miscarriage to the shock of this additional example of Henry's infidelity.

Though Jane withstood the king's blandishments, she is reported to have hinted to him that if he should rid himself of Anne she would marry him. He did, and the betrothal took place May 20, 1536. Jane is reported to have said that she knew "it would be safer to be Henry's mistress than to be his wife."

*An heir
was born
and
a queen
died.*



A Son at Last

A living son was born to Jane and Henry on October 12, 1537. At last a son! At last a male heir! He received the name of Edward, Prince of Wales. Henry showered great affection on his son. He carried him about the palace grounds. He appeared with the boy in his arms at windows and on the balconies so that the people could see the little prince. He smiled and nodded and pointed proudly to the little boy.

But Jane did not survive the puerperium. She died about two weeks after the birth of their son, presumably of puerperal sepsis

or childbirth fever. Henry was genuinely grieved over her death and for a time appeared a broken man, like any human bit of clay.

Edward was a puny, sickly child but naturally clever at book-learning. As with Mary and Elizabeth, the king saw to it that Edward had the best of instruction. He was a well-behaved lad, so good in fact that Barnaby Fitzpatrick, the whipping-boy who took the prince's punishments for him, remarked that he rarely had to suffer for Edward's faults. Edward's poor eyesight and partial deafness are suggestive of congenital syphilis.

In his 15th year, in the sixth year of his reign as King Edward VI, the boy developed a "racking cough" which the physicians of the court could not cure. Steadily he lost weight and strength. Discouraged with the results of the physicians, a woman quack was called in. Under her treatment, the boy rapidly became worse. His hair fell out, he had great ulcers of the skin, the "end joints of his fingers and toes fell off." He died July 6, 1553, only a few days after his attendants had carried him to a window so that the populace could see that the king still lived. "O Lord, free me, I beseech you, from this calamitous life" were the boy's last words.

It is a nice question whether Edward died of his illness or of the treatment he received. It has been assumed, on slight grounds, that Edward had "galloping consumption," or acute tuberculosis. Perhaps he had, but this diagnosis does not account for the full clinical picture.

What could cause falling of the hair, skin ulcers, gangrene of the extremities, together with loss of weight and strength, fever and finally death? Syphilis could cause all of these manifestations, but syphilis, as we know it now, does not do its work so rapidly as appears to have occurred in Edward's case. Few modern diseases work so quickly the fatal changes described in the case of Edward.

If the clinical picture were caused by some drug given by the woman quack, one would have but few to select from. Whatever Edward's disease was at the beginning, ergot could cause all of the symptoms reported in the terminal stage of his illness, and a woman quack of that time would be acquainted with ergot because of its usefulness in causing criminal abortion, her principal stock in trade.

Anne of Cleves

Luckily for Henry VIII, he did not live to see the untimely death of his only son. Three times more he married, but there were no offspring from these unions. Three years after the death of "poor Jane Seymour," Henry was persuaded on political grounds to marry the daughter of a petty German king, Anne of Cleves,

through a fraud practiced by members of his entourage. They showed him a portrait of Anne of Cleves, supposedly the work of Holbein.



*A mutual distaste
and
a quick parting.*

Hearing of her arrival in England, Henry went out with some of his council to meet her. On being shown into her rooms, the king was confronted, not by the beauty of the portrait, but by a tall, thin, pockmarked, gauche German woman anxious to please him but relatively uncouth and dowdy. Aghast, Henry awkwardly withdrew. He begged Cromwell to get him out of the contract. Finding no escape, he sighed, "Then there is no remedy but to put my neck in the yoke."

Grimly, he went through the marriage ceremony. After spending a few nights with Anne, the king simply declared the marriage void, on the grounds that Anne was not a virgin! Legally it was a divorce by mutual consent.

It is likely that Anne of Cleves was as glad to escape, once she had seen Henry, as was the king. In any event, Henry made a handsome settlement on Anne, and she was even able to joke about her "temporary husband" and remained Henry's "sister," as the king put it. Cromwell's part in this ludicrous adventure was a factor in his eventual downfall and decapitation.



*A cruel death
for one
so beautiful.*

Catherine Howard—A Beauty

In this same year, 1540, partly to indulge a middle-aged infatuation, partly to satisfy the urging of his advisers that he beget more

children, and especially because it was apparent that Edward was not a sturdy child, Henry married a woman of his own entourage, Lady Catherine Howard, a cousin of Anne Boleyn. The king was 49 and Lady Catherine was 18 or 19 when they married.

Lady Catherine was the only one of Henry's wives who could be called beautiful. She was small but gracefully formed, gay and debonair, with auburn hair and grey eyes. An orphan, she was raised by a deaf old duchess, her grandmother, along with a flock of other girls who, while the old lady slept, admitted young gallants to their bedroom for all-night frolics.

This marriage did not last long. Again in 1542 a queen was charged with adultery. Again the Tower was filled with noblemen, again heads fell, among them Catherine's. She was executed on the spot where Anne Boleyn died. There seems to be no doubt about the guilt of this queen and her lovers since, unlike Anne and those accused with her, all except Culpepper, who had loved and had intended to marry Lady Catherine, confessed their crimes.

By 1543 the king's physical condition was pitiful. He was so amazingly fat that he could not pass unaided through the doors of his palaces, and soon he could not walk or stand but had to be carried from place to place. His person was described as "loathsome" due to the stench of the discharge from his old sinus and ulcers. He was deteriorated mentally, querulous, given to uncontrolled outbursts of passion, full of obsessions and phobias. His appetite was ravenous; he remained a glutton.



*Would he
once more
a widower be,
or she
a widow?*

Henry's Last Marriage

In this advanced state of degeneration, what he needed was a patient, sensible nurse. He found such a person in Katharine Parr, already twice a widow, a plain, sensible, good woman of 31. She married Henry in his 52nd year and took care of him during the remainder of his life. She reconciled him with his daughters, Mary and Elizabeth, and gave a mother's love and care to Edward, in whose frail person were centered all of Henry's hopes—and his fears, for he realized that the boy was not robust.

Because of Henry's obsessions and despite his affection for and dependence on her, the queen came near losing her head through daring to argue a question of theology with her lord and master, head of the Church of England. Henry had actually signed the warrant for her arrest, but before she could be taken to the Tower, Katharine humbly explained to the king that she had only intended to entertain him and pass the time away. The king beamed at her. "Is it even so, sweetheart? Then are we again friends!" When a member of the council came to arrest Katharine, Henry cursed him for a fool and ordered him out of his sight.

Death

Henry VIII died in coma in 1547 at the age of 56, apparently of cardiovascular-renal disease in which syphilis may have had a part. He married six times and brought tragedy to five of his wives. He sired 11 legitimate pregnancies, of which only three survived infancy. Only two of his offspring survived childhood, and they left no heirs.

Edward succeeded Henry VIII, reigned six years and died at 15. Then followed "Bloody Queen Mary." She married Philip II of Spain, bore one dead child and at 42 died, apparently of heart disease, leaving no offspring. Last, fulfilling Anne Boleyn's prediction that her child would reign over England, Elizabeth became queen at 25, lived to be 70 and died leaving no child, no heir to the throne.

As Elizabeth lay on her deathbed, she was asked who should succeed her. She replied, "A strong man." "Do you mean your cousin, James Stuart, King of Scotland?" her attendant asked. She nodded. He became James I of England.

So syphilis ended the reign of the Tudors in England.

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SUPPRESSION OF PROSTITUTION AND ALLIED VICE

A Speech in Cincinnati

by Frank H. Fairchild

As president of the Indianapolis Social Hygiene Association—simply because no one else will take the job—I bring you the best wishes of that association. As prosecuting attorney of Indianapolis and Marion County, Indiana, I bring you this thought: if the communities which you represent still have organized prostitution, then your law enforcement officials are either ignorant, lazy or crooked, and probably all three.

When I was invited about a month or so ago to be here today, I picked up the phone and called the Indianapolis chief of police. I told him that I was to make this talk in Cincinnati on the suppression of prostitution and that I would like to make the statement to this group here today that in Indianapolis there are no houses of prostitution and no organized prostitution racket—and that I would like to make that statement with a fair degree of accuracy.

He assured me, as my investigators had assured me, that there was only one known house of prostitution operating at that time. It had been raided only the week before, but the prosecuting witness had been bought off and there was no conviction. Shortly after my conversation with the chief, the heat, undoubtedly generated by the activity within said house, became so intense that there was a combustion and the house burned down.

I now report to you accurately that there are no houses of prostitution now operating in Indianapolis.

Prostitution Suppressed But Not Stamped Out

You may have noted—those of you who note such things—that the title of this talk has to do with the suppression of prostitution. In a metropolitan area such as Indianapolis and Marion County, in which it is located, we are not so bright-eyed and bushy-tailed that we believe we have stamped out prostitution or eradicated it.

We do say that we have suppressed it, and we tell you, with no modesty whatsoever, that the Indianapolis Social Hygiene Association has had a great deal to do with its suppression and its eradication from an organized standpoint.

Prostitution and Allied Vice

I would also like to make the statement that prostitution cannot itself be suppressed successfully without the suppression also of allied vice or other forms of vice. For example, prostitution thrives on gambling activity. Wherever gambling goes uncontrolled, you will also find prostitution. Where gambling and prostitution go uncontrolled, you will find narcotics, robbery, burglary, rape and murder, and the hoodlums and racketeers and their hangers-on, the pimps, petty thieves, forgers and drunks.

So, when you consider the subject of the suppression of prostitution, you must, of necessity, consider the stamping out of allied vice, because, with the one, you will have the other, and the eradication or suppression of one makes the suppression of the others easier.

Back in 1942 in Indianapolis, we had a red-light district. It had existed for many years. We cannot take full credit for its eradication, which was brought about, oddly enough, by wartime conditions. There were two huge army posts near Indianapolis, Fort Harrison and Camp Atterbury. The VD rate became so high from soldier contacts with this district that the Army threatened to make Indianapolis out-of-bounds for the two camps. This, of course, caused the merchants to raise their hands in horror, because money was being spent there by the soldiers on leave.

Through the cooperation of the United States Public Health Service, the American Social Hygiene Association, the Army, our local law enforcement agencies and the Indianapolis Social Hygiene Association, of course, the red-light district was cleaned out completely. The Army VD rate promptly went down. That was a tremendous step, but not the hardest nor most difficult.

Indiana Social Hygiene Day

It was necessary through the war years, and particularly thereafter, that our organization keep in close touch with the police to make certain that such houses did not again spring up. To aid in this and to acquaint the public with our association's aims, we started, and yearly since have held, Indiana Social Hygiene Day, to which we especially invite all law enforcement agencies. We commend them vocally and by letter for their cooperation.

We know, as, of course, you know, that the problem is not one primarily of policing, but of education. But, until the education program has had a few generations to work on, police work is still an essential element. Fortunately, we have had the cooperation of the mayor and police department. This, however, did not just happen.

Pressure Groups

Our executive secretary, the indefatigable Mrs. Meredith Nicholson, Jr., who was recently honored by the American Social Hygiene Association, is also a member of the City Board of Health and numerous other civic groups which have an entree to the mayor's office, and thus to the police department. We have on our board men and women who are people of importance and activity in the civic, religious, educational and political life of the community. Yes, and probably most important from the publicity standpoint, a newspaper editor.



*Newspapers
are a force
in community
cleanups.*

Thus, we can and do exert pressure on law enforcement agencies to see that organized prostitution, which for so many years plagued Indianapolis, does not return.

Of course, our special job the last few years has been our program of education for family life. Mrs. Nicholson, with her trained assistants, but mostly on her own, has lectured to thousands of parents in PTA groups throughout the city and county on sex education and family responsibility. Three of our largest high schools have now installed a course on family life. This, naturally, is the long-range program.

When the majority of parents can give their children sensible instruction on sex and instill in them a feeling of responsibility in the life of the family, only then will we begin to see the results of this program, which Mrs. Nicholson has instituted, and which she, and others like her throughout the country, are carrying on.

I said earlier that prostitution is tied in with other forms of vice and that the suppression of the one must carry with it suppression of the other. This is not just my own observation. It is borne

out by others who have studied the problem more minutely than I. I could give you some statistics on this, but I despise statistics and will not bore you with them.

Prostitution and Gambling

In the book entitled *Gambling, Should It Be Legalized*, its author, Virgil Peterson, director of the Chicago Crime Commission, says, "Commercialized prostitution, as well as other forms of crime, has been prevalent contemporaneously with wide-open gambling." Prostitution followed or existed with all forms of vice that finally came under the control of the national crime syndicate, which the Kefauver committee so dramatically portrayed recently. One of the largest and most lucrative of the departments in this organization was the prostitution division, headed formerly by Lucky Luciano, later convicted by Tom Dewey, and finally deported.

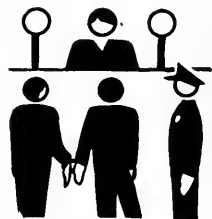
Mr. Peterson goes on to say in his exhaustive work on the subject of gambling and prostitution: "Disregarding moral implications, commercialized prostitution and the business of gambling are analogous to the extent that both appeal to the emotions. Exhaustive scientific research has definitely established that licensing systems to control prostitution are complete failures."

Ray H. Everett, executive secretary of the Social Hygiene Society of the District of Columbia, has stated: "After all the evidence is in, we may well conclude that legalized prostitution does not have a logical leg to stand on—good laws and vigilant enforcement may not eliminate commercialized prostitution, but they can keep it down to a minimum. The same statement equally applies to gambling."

People today talk about the possibility of legalized gambling and legalized prostitution as if it were something new. One of the rulers in India in 321 B.C. had a department in his government that controlled gambling, directed by the Superintendent of Public Games. He likewise had a department headed by the Superintendent of Prostitution, which regulated the prices and appropriated a designated portion of the earnings of the prostitute for the king's treasury.

Further says Mr. Peterson: "Speaking of Chicago, the same elements that caused prostitution to flourish—political protection and

*Honest
law enforcement
can cut down
prostitution.*



corruption—have been responsible for the gambling racket in Chicago. The same elements that wiped out organized prostitution—honest and effective law enforcement—will stamp out organized gambling and the gang warfare and killings that go with it.” The subject of legalized gambling and prostitution is a separate discussion in itself.

Suffice it to say that neither can exist without causing corruption of law enforcement officials and a complete breakdown in law enforcement with a rise in other forms of vice and crime.

An Indifferent Citizenry

Public apathy is greatly responsible for any increase in prostitution and gambling in the last few years in many parts of the country. I think we are just now emerging from what I call a period of moral degeneracy. By that I don't mean that you and I are all moral degenerates, but I do mean that after any war there is a period of moral letdown. This is discernible by reason of the rise in the crime rate as reported by the FBI Uniform Crime Report, by the rise in the divorce rate, by the rise in juvenile delinquency and by a vast spread of gambling activity.

This is not because the people want it that way. It is simply because they are so involved in making adjustments and in trying to make a living and pay their taxes, that they don't have time to keep an eye on their public officials and too many times don't take the time to vote at all. All of a sudden, they look around and wonder what has happened and they don't like what they see, because they see their public officials tied in with the racketeers.

And people like Jack Lait write books like *Chicago Confidential*, setting forth facts that many people suspected all along—that there was a national crime syndicate which corrupted officials all over the country. And people like Senator Estes Kefauver read that book and embark upon a Senate investigation by reason of what they read there. And the rest you know, or if you don't know, you must have been hiding in a cave in Tibet. I know that because of TV, we didn't have meals on time for a week.

Indianapolis is no different from any other city of comparable size as far as vice is concerned. We have a metropolitan area, including Marion County, of 500,000 people, which carries with it the vice and crime and corruption of any similar metropolitan area. For the past 30 or 40 years, we have had, off and on, the very definite tie-up with law enforcement and gamblers—no matter what party was in office. And whether we are to blame law enforcement officers, who are woefully underpaid, or whether we are to

blame a lack of interest on the part of the general public in their law enforcement officers, or a combination of both, is debatable.

But one thing we should all realize: we are dealing with people as they are, not as we wish they were. Gambling, which I use as the basis of most all vice, is a big and lucrative business. And large and fabulous sums of money are offered law enforcement so that gamblers may operate with some degree of immunity.

Personal Integrity

Just how honest is a person when you get right down to it? Some of us would be honest for \$1,000, some for \$5,000 and, of course, many for any amount.

But, when high law enforcement officers are offered sums of money ranging from \$50,000 to \$125,000 a year, how many are going to succumb to that temptation? I know those amounts are offered. I was offered \$150,000 myself. It's quite all right for the ministers to tell us from the pulpit what great rewards there are in honesty. But how many of them have ever been in a position to turn down that kind of money?

"Thou shalt not steal"
versus
easy money.



It's mighty easy for any of us to criticize, but we don't know what we would do until we find ourselves confronted with that kind of offer—that comes in cash, in bills of small denomination. I don't condone it, but I do think that we should understand how it is that our officials may be corrupted.

So, in Marion County we started on the premise that it might be a good idea to remove temptation from law enforcement officers. We first put a ban on slot machines, following it up with inspections to see that it was enforced.

I had some come to me and say, "What business is it of yours if I want to put 5¢ or \$500 in a slot and I can afford it? If I belong to a country club and the proceeds are used to redecorate my club or to give me better meals at a lower cost or to make my dues less, why do you stick your nose in my business?"

Well, it isn't any business of mine. But by far the great majority of slots are owned by a slot machine syndicate, which leases the machines to clubs and organizations on a 50-50 basis. And a \$100,000,000 a year have been taken out of the public pockets by

slots in Indiana. A great part of this money finds its way back to the national crime syndicate in its Chicago headquarters. And about 25% of this amount goes for bribery and corruption of public officials. So we removed this temptation and have kept it removed.

Baseball pool tickets, pick-n-win tickets and numbers rackets take out about \$20,000,000 a year from our county alone. Leaving the moral angle out of it, I say that when any community permits gambling to go uncontrolled, it is doing an unwise and unbusinessnesslike thing. It is corrupting law enforcement officers to such an extent that they are more interested in collecting more and more money than they are in enforcing the laws which they were elected to enforce. While we have not been able to stop entirely the sale of pool tickets, we have broken the back of the organized syndicates that have in the past bribed officials.

Closing the Bookie Joints

If you were a law enforcement officer, after a great many women had called you on the phone and come into your office and actually sobbed because their husbands had lost their home, car and savings in bookie joints, you would begin to believe that, while it sounds innocuous for someone to place two dollars on Flying Cloud in the fifth at Hialeah, unfortunately most of that is done by people who can ill afford to do so.

So, at our request, the Indiana Bell Telephone Company and the Western Union jerked out the phones and wires to bookie joints in Indianapolis. I received a letter from a woman the other day, raising the devil with the mayor and the sheriff and me for taking out the bookie joints. She said, "Things have got in a hell-of-a-mess when I have to go clear over to Cincinnati to make a bet."

Our situation may be more fortunate in Indianapolis than in many communities. We have had complete cooperation among the offices of the mayor, the sheriff and prosecuting attorney. We meet frequently to plan strategy for our next move against organized gambling, and we have the support, I firmly believe, of the majority of the people in our community. I believe that more people today are insisting on a stricter law enforcement program, as most decent people are all over the country.

And, I don't mean to create the impression that we have completed our job. There is a great deal more yet to do, and the program is one of continuous enforcement. And I don't mean to say that there are no prostitutes in our fair city. We have our share of them—the shakedown artists, the knockout-drop peddlers

and the plain thieves, who use the suggestion of intimacies to come, to crack a potential customer's skull and separate him from his wallet.

We face problems in this type of enterprise, some of which we will always have. First, our laws are such that it is most difficult to prove a case of prostitution and almost impossible to prove a case against a man of associating with a prostitute. The simple reason is that a man who has received his money's worth will not cooperate and file an affidavit. A man who has been rolled is too ashamed and embarrassed to do so and, unless an overt act essential to the element of prostitution can be proved, the case cannot be made in court.

*A case of
prostitution
must be
proved.*



We have had, as have other communities, our share of massage parlors. And we have had our share of convictions of the operators of same. We do have the weapon of closing a place as a nuisance, of threatening to prosecute landlords who rent out places which are used for such purposes, and we do have the desire on the part of all three branches of law enforcement offices to see that they are suppressed as much as is humanly possible and that the suppression be continued.

Although I think my board feels that I have fallen down on the job since I have not chased every spirochete out of Marion County, I feel that we are making strides, although we have much yet to do. General Strickler, commanding officer of Camp Atterbury, reported to us at our Social Hygiene Day meeting that there had been, up to that time, only one case of VD at Atterbury and that investigation revealed that the soldier had it when he first reported to camp.

What to Do?

Well, what to do about prostitution in the national emergency? Of course and by all means, continue the program of education for family life. We may not notice a change overnight, but eventually it will pay off.

Maintain a closer relationship between your boards and law enforcement officials. Put them on your board, if necessary. Invite them to your public meetings and see that they come.

See that your press releases are publicized. Put newspaper men on your board.

Play a little politics—it won't hurt you any and it might surprise you what it will accomplish.

Check on your law enforcement officers and, if they do not cooperate, appoint crime commissions. We have organized one recently to prevent rather than cure vice and crime.

If your law officers won't work with you, get the newspapers back of you. Put a few men who are big advertisers in the newspapers on a committee to put a little pressure on the papers so that they will back you in the drive.

Get public opinion formulated thusly. Get tough about it. Don't be namby-pamby about it. You are dealing with people who understand and respect only tough treatment.

And if you don't think your law enforcement officers are doing a good job, for heaven's sake, nominate and elect new ones at the next primary and election.

Citizens in Politics

Which brings me to my last point—and that is citizen participation in politics. One sure way to make my blood boil is for someone to say, "Oh, I don't want to mess in politics. It's too dirty, and if a decent man or woman gets in, he will soon be corrupted." If everybody sat back on his big fat overstuffed chair and said that, it would be rotten and dirty. But organizations such as this and similar ones in your communities can take an active part and help clean it up and keep it that way.



*Politics are
for every
citizen.*

Whether you like it or not, politics affects the lives, directly or indirectly, of everyone in this room and of every citizen in your community. If your officials are crooked, you will have less enforcement and thereby a more dangerous community in which to live. If contracts are let which call for kickbacks to the county commissioners or other purchasing groups, you are going to pay more taxes for poorer service.

And if your law enforcement officers are crooked, then I say a great part of the fault is with the citizens themselves. You won't have dishonest officials if you take the time to nominate and elect decent ones. And if your law enforcement officers are permitting

organized prostitution and allied vice to flourish, don't pass the buck. Let's put the blame right where it belongs—in your lap and in my lap as citizens because we haven't shown them firmly and sincerely that we *want* them to enforce the law.

Your gamblers contribute to both political parties and to candidates whom they wish to control. They don't care who wins as long as they are in good with the winners. Occasionally, good people will rise up and throw the rascals out, then sit back, dust off their hands and say, "I guess we took care of that all right, all right." And never go near the polls again for 10 years.

Your racketeers and hoodlums always work in politics and they never stop. And their vote is no more than yours, but they will vote.

What You Can Do

You don't have to run for an office yourself if you don't wish to, but you can select and back some individual in whom you have confidence. You can help your precinct committeeman, and if he doesn't seem to be the right kind of fellow, run against him or get someone else to do so, knock on doors and get him elected. The hoodlum and racketeer are only a minority in any community, and you can crush them if you will only do so.

So, if you have ignorant, lazy or crooked law enforcement officers in the community in which you live, don't say, "That's politics for you." Either educate them, build a fire under them, bring pressure on them, fire them, impeach them—but do something about it. An aroused and informed public can accomplish wonders.

And you will soon find yourself living in a better and cleaner community, which I expect is the ultimate aim of all of us here today.

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WHEN VD TREATMENT WAS IN THE DOGHOUSE

by Ray H. Everett

That genial philosopher and physician, Dr. Edward L. Keyes, once commented, "If the social hygiene movement had done nothing more than to make the diagnosis and treatment of venereal disease respectable, it still could be credited with a great achievement." Medical literature of the late nineteenth and early twentieth century attests the truth of his observation.

When, for example, Dr. William Niles Wishard, noted Hoosier physician and hospital administrator of the 1880's, went through the wards of his city hospital, he was much impressed by the general neglect of patients suffering from genito-urinary ailments. As the Indiana Health Department's *Monthly Bulletin* (April, 1947) says, "No doctor [of those days] wished to be identified with surgery and medical treatment of such a sort. Each was afraid that his regular patients would not wish to be known as patrons of a physician specializing in, or even having anything to do with, such a practice."

Dr. Wishard, with characteristic courage, decided to specialize in the genito-urinary field and, when friends tried to dissuade him from the rash decision, he declared, "Since the specialty, at this time, cannot reflect honor on me, I shall try to reflect honor on it." Proving that "it is safer to be a man than a mouse, he became one of the most universally respected physicians of his time," adds the *Bulletin*.

A "Gay Nineties" View

Perhaps the most delightful tome regarding medical practice of that Victorian era is the quaintly fashioned one written in 1882 by Dr. D. W. Cathell, well-known practitioner and teacher. Those familiar with the volume know that from its title page, "The Physician Himself and What He Should Add to the Strictly Scientific," right through to the closing paragraph, it is laden with gems of advice that illuminate the medical mores and folkways of the period. The final admonition is worthy of Bunyan. It is a most pessimistic valedictory. Writes Dr. Cathell, "The truth is, when a doctor dies, his family is usually left poor and helpless, unless he has acquired money otherwise than by practice. Were you to

practice for 30 years without losing a single day, and collect eight dollars every day of your life, you would receive but \$87,600. Deduct from that amount your expenses for yourself and your family, your horses, your carriages, your books, your instruments, your taxes, and a multitude of other items for the whole 30 years, and then so far from being rich after so long and lucky a career, you would have but little, very little left to support you in your old age after a whole lifetime of anxiety, responsibility and usefulness."

But a far direr fate was in store for the misguided physician who dabbled with that "old debbil," venereal disease. Of these afflictions, Dr. Cathell warned, "Gonorrhoeal and syphilitic cases are not especially desirable on any account, except for the fees they bring; they are dirty-secret cases and repel rather than attract their victims and their friends from the doctor who attends them when they require a physician for other diseases. Attending them will, however, often enable you to pick up a handsome cash office-fee.

"Take care that your reputation for attending venereal diseases does not overshadow or eclipse other kinds and give you the title of 'P—x Doctor,' and entail the social ostracism and loss of family practice that would follow—or that extra success in restoring the menses in females who suspect pregnancy does not bring you an extra number of such cases and give you the title of 'Abortionist'—or that attending an excessive proportion of courtesans or bruisers does not give you the name of having a 'Fancy Practice.'"

Times Have Changed

Today the treatment of syphilis and gonorrhea can acclaim its host of expert urologists, syphilologists and laboratorians; its excellent societies and literature; its marvels in the drug and antibiotic fields; and the widespread public education via radio, press and lectures.

But we still have sort of a kindred feeling for those early venereal disease practitioners who were looked on as black sheep, not merely by the public but also by many of their professional confrères. For it was only about 25 years ago that we were in the same boat. We had been trying to persuade the executive of a nation-wide child health organization to devote some attention to congenital syphilis and gonorrhoeal ophthalmia. In dismay and disgust, she finally snapped out, "What do you expect us to do?—tie your nasty diseases up to our nice ones!"

BEHIND THE BY-LINES



Scherer

Rev. Frederic G. Scherer

One-time school teacher in Syria, Red Cross field director, minister of community churches in Alaska, Mr. Scherer is now minister of the Fairmont Presbyterian Church in Eugene, Ore. He is a graduate of Drury College, Springfield, Mo., and McCormick Seminary, Chicago. Experienced in social service work, labor relations and employment office management, Mr. Scherer has recently served as director of the Oregon Tuberculosis and Health Association's division of social hygiene education. He is executive secretary of the Central Lane Council of Presbyterian Churches.



Clarke

Charles Walter Clarke, M.D.

Closely identified for 37 years with the social hygiene movement in this country and abroad, Dr. Clarke joined the ASHA staff in 1914 and in 1937 became executive director. A captain in the AEF during World War I, later director of the VD control activities of the League of Red Cross Societies in Geneva, he was a consultant to the Secretary of War during World War II. He organized the New York City Health Department's bureau of social hy-

giene and is clinical professor of public health practice at Harvard.

• • •

Frank H. Fairchild

President of the Indianapolis Social Hygiene Association, Mr. Fairchild has practiced law for 16 years and is now prosecuting attorney for Marion County, Ind. He was graduated from Butler University and Indiana Law School. As a trustee of the Irvington Presbyterian Church and as a member of the boards of the Marion County Child Guidance Clinic, Community Chest and Marion County Council, he displays a doer's interest in a better community.

• • •

Ray H. Everett

Once editor of this magazine (from 1919 to 1930), Mr. Everett has since served as its witty and helpful adviser. For 20 years executive secretary of the Social Hygiene Society of the District of Columbia, he is nationally recognized as a marriage counselor; as editor of the Encyclopedia Britannica's social hygiene section; as a contributor to scientific journals; and frequently as the "government girl's" outspoken champion.



Fairchild



Everett

BOOK NOTES

Neurotic Counterfeit-Sex, by Edmund Bergler, M.D. New York, Grune and Stratton, Inc., 1951. 360p. \$5.50.

The author describes the origin and development of numerous forms of sexual maladjustment associated with personality deviations in both men and women. The title refers to the fact that although many neurotic individuals appear to be superficially adequate or even more than adequate in their sexual functioning, they are really using this activity as a screen for the working out of destructive and self-destructive infantile emotions, achieving little or no genuine gratification.

All forms of this "counterfeit-sex," which the author illustrates with case histories, are traced to a specific type of disappointment in the very earliest mother-child relationship. Impotence in the male, frigidity in the female, various types of homosexuality and perversions are dealt with. General and specific considerations for treatment are discussed.

Despite the fundamental soundness of its major thesis, the book is not recommended to the general reader, however well-informed, who has not had considerable personal experience with psychoanalytic theory and methods. The author's very honest desire to get

down to the very deepest roots of his subject cannot fail to stir up intense emotional resistances that no amount of technically skillful writing can deal with. Specially trained clinical workers, however, may find the book of considerable use.

A very satisfactory index is provided.

JULE EISENBUD, M.D.

Thoughtsmanship in Love and Marriage, by Forrest Clell Shaklee. New York, Vantage Press, 1951. 160p. \$3.00.

"What you think, you are." This nutshell represents the thesis of the author—that through creative thought one can direct intelligently the expression of love. One must build a thought pattern that will produce happiness, for today's thoughts will govern tomorrow's actions.

Married life is what you *think* to make it. Only through analysis and thought can anger and jealousy, both based on fear, be supplanted by faith based on knowledge of the true facts.

Good, down-to-earth illustrations of married people in difficulties point up the common sense of Shaklee, who analyzes their problems and shows how, through thoughtsmanship, they may be resolved.

Many husbands and wives will recognize themselves in these word pictures and will receive concrete guidance through Shaklee's comments.

THE LAST WORD

“Typical Social Hygiene Day weather,” they all said.

The date was February 7, 1951.

A driving blizzard, bad roads, stalled cars and delayed train service did not prevent many undaunted members of the social hygiene family and their friends from attending Social Hygiene Day meetings. Some cautious ones, however, stayed home.

At the insistence of those who want to corral the undaunted and attract the cautious, ASHA has changed the date of Social Hygiene Day to the fourth Wednesday in April. In 1952 that will be April 23.

Don't forget, you have a date for April 23, 1952—the new Social Hygiene Day.



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La Toilette, by Mary Cassatt. Eighth of a series
of Journal covers on family life . . . courtesy of
the Art Institute of Chicago.

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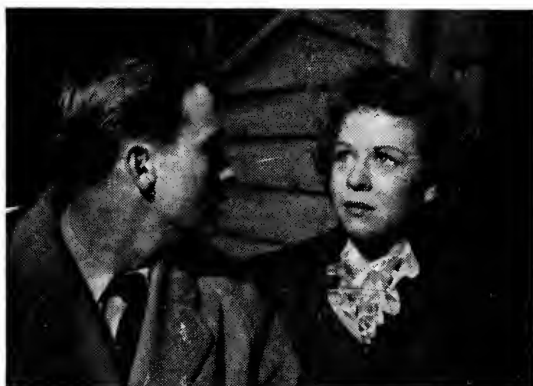
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FAMILY LIFE EDUCATION IN THE YWCA



by Helen F. Southard

Change is often such a gradual process that it is difficult to determine where differences first begin to appear. As one looks back over activities in family relations in the YWCA, the merging of one phase into another makes historical analysis difficult. It is perhaps easier to summarize a few historical facts and then to describe current family life education programs as they are being carried out in local YWCA's.*

The YWCA is an international organization. In this country its programs are carried on in 441 community associations, some in rural and some in urban areas, and also in YWCA groups associated with colleges and universities. There is variety and yet conformity in Y membership. Although all YWCA's include young women and girls in their membership, some have more young married women in programs than do others. Many have large teen-age groups. Some have large groups of employed girls, others have considerably fewer. Recently young wives have become more and more a part of the membership of local YWCA's.

Both nationally and locally there is and has been community cooperation. Many family life education programs are now joint endeavors of, for example, the YMCA and the YWCA, or of the local PTA and the YWCA. For years the staff of the national board of the YWCA has cooperated with the staff of the American Social Hygiene Association to make available sound materials in the field of family life education.

* It is not possible in this article to describe the total way of work of the YWCA. Information can be obtained by writing Public Information Department, National Board, YWCA, 600 Lexington Avenue, New York 22, N. Y.

New Programs

The national board of the Young Women's Christian Association bears an advisory relationship to all local associations. As a part of national service to locals, information is given on new program materials such as films, recordings, pamphlets and skits. This aid may be given through written materials to which local associations subscribe, or it may be given in materials mailed out by the national office free of charge.

Program demonstrations are often given with the cooperation of locals at various meetings sponsored by the national organization or at local meetings in which the national board and staff participate. Summer conferences are a shared responsibility, and new programs are evolved in this relaxed atmosphere. Local associations frequently write in to ask for suggestions on a particular event which is being planned, or they may ask that a national staff member come to do a specific program. Travel requests often cannot be met, since it is not the best use of time or money to send a staff member to do a single program event.

The recently organized training services unit of the membership resources group of the national staff is working continuously to put basic material into a form useful to local groups. As it receives local material, it relates this to a basic curriculum. Within the last two years, an annotated bibliography of books and pamphlets on personal and family relations was sent to associations. A program booklet called *About People* was sold last year on a subscription basis to local YWCA's. This packet included suggestions on family life education programs.

Although there is great variety in the kinds of family life education programs which local YWCA's offer, there does appear to be a three-fold classification under which they may be subsumed:

- Teen-age programs on boy-girl relations. These generally include material on sex education.
- Marriage education for young adults.
- Family education for parents.

In keeping with the current emphasis upon the whole person as it functions in a variety of life situations, a majority of sex education programs for teen-agers in the YWCA have become a part of its dating and mating series. This is a trend away from the type of sex education often given 10 or 15 years ago, which was mainly imparting sex information. Now there is a broader emphasis upon the building of sound attitudes toward sex and upon the closely related need for healthy personality development.

They Reveal Their Attitudes

In a midwest industrial community, a Y-Teen club of girls of foreign background recently had a panel discussion on "Should Sex Education Be Taught in the Schools?" A general discussion followed.

In a large metropolitan midwest Y, an interracial club of eleventh and twelfth graders planned a course in "Do's and Don'ts in Dating." The girls said they didn't want superficial dating material, but wanted to know "how far a girl went." The girls preferred a discussion leader whom they knew and with whom they felt free, rather than an outside person. A social work student who was a teen-age adviser led a preliminary discussion to bring the girls' attitudes into the open and to help them form their questions.



*She wants
facts and ideals.*

Programs of this kind are concerned not only with factual physiological material, but also with values and standards, and there is eagerness for this kind of guidance.

There has been an increase in the participation of mothers of teen-agers in programs on family life education. In one community the supervisor of case work from the Family Service Society met with the mothers of Y-Teens. They viewed the film *Human Reproduction* and discussed why their children needed this kind of information. *The Story of Menstruation* was used in the same way with mothers of grade school girls and also with the girls. More than 300 girls and mothers participated in this program.

Many other YWCA's have shown the films, *Human Reproduction*, *Human Growth* and *Human Beginnings*, to parents. There has been good discussion on the use of all these films. A doctor is usually present to answer technical questions during the discussion.

A small association in the east recently had a series of five meetings for parents of teen-agers called *Life with Your Children*. The titles in the series were "Growing Pains of Adolescents," "Untying Apron Strings," "Out-tivities and In-tivities" and "Family Cooperative." Various well-known leaders and speakers participated.

Sometimes teen-age programs are a part of a total association or community family life education series. In a YWCA in the south, a family life institute consisting of four meetings was held as a community service and was sponsored by the Council of Church Women and the YWCA. Mimeographed material was prepared by the Federal Council of Churches, a book exhibit was held during the series, and nursery facilities were provided for mothers with young children. Discussion groups were divided into:

- Parents and leaders of little children.
- Parents and leaders of teen-agers.
- Parents and leaders of older young people.

In another community in the south, a three-session workshop was sponsored by the PTA Council, the Christian Family Life Council and the YWCA. High school students and resource persons met in a panel to discuss problems confronting teen-agers and their parents. About 90 persons attended these meetings.

There is an increase in co-ed discussions in this field, and some programs draw several hundred girls and boys to the Y for panels and discussions.

In one community the Y-Teens and the Hi-Y Club had a series of six programs on education for family living. This included a program on mental health, a showing of the film *Human Reproduction*, a venereal disease movie, a program on the social aspects of living, a parent-youth clinic on dating and dancing, and a session on choosing a life mate.

In another small YWCA which places strong emphasis on personal and family relations, there have been numerous discussions and movies on how to get along better with friends and families. One of the seventh-grade groups in this YWCA used the technique of psychodrama during discussions. The film, *Shy Guy*, was used for the basis of discussion. The high school group discussed courtship and marriage and used *Dates and Dating* by Esther Sweeney, a pamphlet widely used in YWCA's. At the present time, this association is planning a forum related to the White House Conference. This will be followed by discussion groups using films on child care and mental health.

YW Wives

Young mothers are increasingly becoming members of the YWCA. Their activities in family life education take a variety of forms, but these young women have in common a great eagerness for new material on child guidance and on family relationships in general. There is no pattern which is typical of a YW Wives program, but one generalization that can be made is that nursery facilities are being increasingly provided to facilitate the inclusion in the program of mothers who have pre-school children and no place to leave them while attending the YWCA.

The matter of standards for nursery care of young children is an example of the kind of relationship which the national office bears to local associations. Recently the national staff has worked on standards for group care of children in the YWCA. This material will be sent to local associations, but only as a piece of material that might prove helpful. Some communities have already worked out excellent plans with local agencies and individuals.

A new type of informal program is developing in YW Wives activities. Most women who come to homemakers' programs say that they wish to be refreshed and to get away from their children. They may come for art, crafts, swimming or a variety of activities; yet as they gather for coffee and discuss as they relax, they talk about their children, and thus a secondary program develops.

In this atmosphere they often enjoy, for example, a recording such as one of those available from the National Association for

**A YWCA
nursery
for junior;
a meeting
for mother.**



Mental Health. Many associations have used a Hi Neighbor Series record, *Relax and Enjoy It*. This is a recording on children in nursery groups. Mental health skits such as the American Theater Wing skit, *The Universal Heckler*, is being used in some places.

In a western association recently, the mothers expressed an interest in a course which they wanted to call "Your Child and You." A volunteer with graduate training and practical experience with a family of her own was available for this program. A free series of eight meetings was offered. Each session began with a film. Some of those used included *Life with Baby*, *Human Reproduction*, *Overdependency*, *The Feeling of Hostility*. There was a lending library of pamphlets, and the nursery which was provided was used as a laboratory for the observation of child behavior. Personal conferences were arranged with specialists who, through good cooperative relationships, were available for this part of the program.

This association now has a projected program in which the psychodrama will be used as a technique for approaching the problem of satisfactory relationships between husbands and wives.

The Focus Is on the Total Association

There is an increasing tendency to relate the family life education program to the activities of an association, and in this way personnel can be used more economically on projects. For example, a specialist brought in for some phase of family life education generally does not do an isolated lecture or discussion, but comes after the whole association has planned on the best use of time.

Because YW Wives groups are expanding at a time when there is rapid development of audio-visual aids and a crystallization of mental health concepts in popular style, these programs are creative, varied and challenging. In a recent national bulletin to YW Wives groups, attention was called to the new mental health edition of the comic, *Blondie*, and to ways in which groups can use it. Local associations are experimenting with the writing of original skits and with dramatizing the content of the comic.

Working Girls and Marriage

Employed girls in the YWCA have expressed a continuing interest in programs on preparation for marriage. Some of these girls are married or engaged. Others come hoping to learn about themselves and to gain insight into why they are not married. Some marriage education courses have sessions on the topic, "Why I Am Single."

Some of these programs have been conducted in small, informal groups at no cost to the girls. Others have developed into a series of lectures and discussions for which a fee has been charged.

*Will she
marry
or will
she be
single?*



YWCA's often have sponsored joint programs with YMCA's and other organizations.

The present trend is to include the use of films as a part of the program. The Bowman series of films on marriage has been widely used. The film, *Choosing for Happiness*, has been especially well liked, probably because of the interest that has been developing recently in psychological material. *Human Reproduction* has been used in many programs on marriage, particularly in communities where there is no one especially well qualified to present physiological material, even though there might be a resource available to answer questions or to handle a discussion. Recently a group of local leaders of young employed girls and national staff members previewed marriage films and selected the Coronet film, *Marriage Is a Partnership*, to show to employed girls at a summer conference. This film will now begin to be used in local communities, and their reactions to it will come back to the national office.

The Whole Person

Many local groups are finding that a coordinator of a series of programs on preparation for marriage can greatly enhance their value. This technique has become almost necessary as the scope of the field has broadened to include units of material on *You as a*

Person, including the effect of loneliness and frustration on relationships in general. We have noted wide interest lately in the mental health record, *Meet Your Mind*, by Dr. William Menninger. This record was used in a southwest conference last year and as a demonstration piece at an eastern conference of young employed girls this summer. The record was a basis for discussions on personal development, and girls and leaders will tell their own associations of its value. This record was also heard in a recent summer training session for new staff members in the YWCA.

The recording, *School for Marriage*, in the Hi Neighbor series of the National Association for Mental Health has been used as the kick-off for discussion in many programs on family life education.

YWCA groups first began consistently to include mental health material in their family life education programs with the publication during the last war of the leaflet, *Emotionally Speaking How's Your Balance* and *Your Balance Worth Keeping*.

Recently interest is centering on the new leaflet, *Mental Health Is*, published by the National Association for Mental Health. At a summer conference recently, brief skits on good and bad relationships were acted out. Each of 10 discussion groups chose and portrayed one point mentioned in the *Mental Health Is* leaflet. The leaflet was distributed to the entire group. Thus by acting out, by observing and by tying down an interesting and humorous activity to a sound but readable piece of literature, the group seemed to move ahead in this often intangible area.

Employed girls in the YWCA generally meet together and plan activities through their club groups, local council, or program planning committee. A National Council of Employed Girls chooses and works on subjects of great interest to these local groups. One of their main interests now is the subject of inner security, personal growth and happiness.

Council leaders worked with national staff members on a questionnaire designed to stimulate local projects. This questionnaire, not intended as a statistical tool, was filled out and discussed in YWCA groups all over the country. Sections of it related to one's attitudes toward men and marriage and families. Program suggestions based on the findings will be sent this fall to local groups.

All Is Not Clover

No one is any more aware than is the YWCA of the limitations of group settings for solving some of the problems that arise in personal and family relationships. However, new research on the possibilities for using groups opens up new vistas for activities in

this field, and as associations do better and better jobs of community relations, a more effective and increasingly less artificial way of working through individual problems can be developed.



*Groups
can be
used in
many
ways.*

In one midwestern association recently, a marriage education course was planned very carefully with the help of a member of the personal services committee who was also with the Community Family Health Association. Other associations who do not themselves have personal counseling services, but have the interest and support of case work agencies, give service of this kind as a joint affair, with a specialist across the street willing to counsel if the girl who needs her will go to her.

For many years leaders of groups planning programs on personal and family relationships have questioned their skill in working with a rapidly changing field. They felt at ease only when a specialist was in charge. Although in theory their respect for specialization is sound, in practice it has proved almost impossible for all YWCA's to afford, or even locate, top specialists if finances would support a visit.

The training of leaders, the providing of simple but sound reading materials, the use of films, recordings and skits are giving new directions to this program. All this is a challenge to our new training unit.



HOW TO DEVELOP A COMMUNITY FAMILY LIFE INSTITUTE

by P. K. Houdek

Changes in the family have become so noticeable as to give us great concern for its future. Books, pamphlets and articles almost without number have given us endless statistics, cures and remedies.

The 1948 National Conference on Family Life in Washington, D. C.,¹ was sponsored by 125 organizations. From that conference we have come to see two general needs of families:

¹ For a summary of this conference, see "Security in Family Life," *The Survey Midmonthly*, and the *Journal of Social Hygiene*, p. 267, both June, 1948.

- More and better services to families in the areas of education, guidance and counseling.
- Protection from social, economic and political forces beyond the control of the individual family.

Both of these needs can be brought into focus and in some cases partially met by a community family life institute. Some institutes serve to stimulate schools, churches, social agencies and governmental agencies to serve better the families of their communities. They are often the starting point for meeting the needs. In other communities, where there are already good programs of family life education and family services, the institute serves as a culmination and coordination of programs from many different sources.

It is the purpose of this article to share my experience in planning, operating and participating in 14 such institutes.

The size of the community will influence the nature of the program but is no prediction of success or failure. Excellent institutes have been held in communities as small as 10,000 population. One rather obvious requirement is a small group of individuals who know their community, are definitely convinced of the need for better family life and really willing to expend the necessary effort to organize a new community project.

Most institutes are set up on a one-year basis. A single institute has been known to bring about great advances in family life. A continuing program of annual institutes is the real need in most communities and should be in the thinking of those who plan the first institute.

Purpose

It is well understood that a family life institute has for its purpose the betterment of family life, but this means many different things to many different people. It is wise to have a rather clearly defined set of purposes worked out well in advance of planning the actual program and securing the speakers.

For illustration, here are the purposes that were worked out for the 1947 Kansas City Family Life Institute:²

- To help parents solve problems of the family and of their sons and daughters.
- To help young people better understand and solve their problems of personal relationships.
- To aid pastors, doctors, deans, teachers and counselors in their guidance of personal and family relations.

² For a detailed report on this institute, see *Journal of Social Hygiene*, October, 1947.



*Institutes
help her
parents
solve
her problems.*

- To make more people aware of the need and importance of better family relationships, and thus make Kansas City a better home-town.

A definite set of purposes is not only satisfying to those who feel that there is a vague, do-good, impractical motive to some welfare projects, but is useful as a guide to program planning and limitations. Most speakers and leaders welcome specific purposes so that they may tie in their remarks with the thinking of the planning group.

Sponsorship

Sponsorship is of great importance because it definitely affects the acceptance and publicity of the institute. Family life is a prime concern of many religious, educational, civic and welfare groups. To omit any significant group from the sponsorship of a community institute is an invitation to misunderstanding, mistrust, opposition and failure. In a few situations the inclusion of one group precludes the possibility of including an opposing or conflicting group. These situations are unfortunate and must be handled with the utmost care and tact by those not involved in either group.

Normally one group will survey the agencies in the community and officially invite others that have an expressed or logical interest in the family to join the movement for the institute. These then decide by official action of their governing bodies to become sponsors and appoint one or more delegates to the institute committee.

Since many groups do not have finances immediately available, it is usually unwise to make sponsorship dependent on the ability to make financial contributions to the institute fund.

Organization

The principal purpose of the organization is to manage the affairs of the institute. To accomplish this purpose, the group should be large enough to be representative and small enough to be flexible for easy movement in emergencies.

A secondary purpose of the organization is to publicize and promote the institute, usually accomplished only through a large and often unwieldy group.

To meet both of these purposes, it might be wise to follow the general plan outlined below.

The institute committee might be composed of 50 to 150 individuals, each representing a sponsoring agency. This committee would meet but once or twice to receive reports and assist with publicity and promotion. Its chairman would logically be some well-known and highly regarded individual whose duties might be largely honorary.

The steering committee should be relatively small—possibly 12 to 15 members chosen because of their personal interest in the movement, their connection with influential groups largely interested in family life, and their ability to cooperate in a community program. This committee would need to meet five or six times to determine purpose, program and finances of the institute.

The steering committee should name subcommittees, define their duties and accept their reports. The usual subcommittees are program, publicity, tickets, meeting-place and finance.

In some places the organization of a family life institute has resulted in a board of directors, officers and committees quite similar to that used in a typically independent agency. When this type of organization makes direct solicitation of funds, it becomes a separate agency and is likely to be in competition with existing agencies. With a view to avoiding the creation of a new agency, it seems that the best policy is to organize family life institutes on a committee basis, with representation from all agencies having an interest in family life.

To carry out this interest, the funds of the five annual institutes in Kansas City have been handled through the accounts of the Council of Social Agencies. At the end of each institute the entire organization has been disbanded. Each new institute is under a newly constituted steering committee. A number of individuals have continued on the committees year after year, but the majority serves but one year.



*The steering committee
should be small.*

Finances

It is best to proceed on the general assumption that tickets, fees or registrations will not pay for the expenses involved in an institute. Experience indicates that 40% to 50% of the budget may be met by admission or other specific income. It is therefore practically necessary to secure a large portion of the budget by underwriting.

Direct, specific, cash contributions can be obtained from many agencies and from some individuals months before the institute is held. These may come in amounts from \$5 to \$100 from many agencies such as service clubs, private agencies, women's clubs, parents' groups and religious organizations.



*Churches contribute
to institute support.*

Another important source of underwriting consists of trusts and welfare funds established in many communities as memorials to their founders. Often these organizations are willing to undertake deficit financing with a specific maximum established before the institute. This plan furnishes a cushion for possible deficits because of added expenses or income below anticipated levels. It gives the steering committee freedom to plan the program without the risk of personal liability for debts.

Program

The program will depend largely on the purposes of the institute. If the prime purpose is to arouse and stimulate those who

attend, the program might well be a series of individual talks, lectures or discussions. If the prime purpose is to educate, guide and give counsel on more or less definite aspects of family life, the program will be built on the basis of a number of seminars on definite topics with two or three sessions attended by the same group and led by the same or different speakers.

The experience in Kansas City has led to a pattern that includes both of these items. One or two public evening meetings of a general nature, designed to stimulate individuals and groups to greater concern for the interests of the family, are used to open or close the institute. Two, three or four seminars of two or three sessions each are used to present and discuss specific items in family living to well-defined groups. There have been seminars for parents, teachers, social workers and counselors.



*Parents and teachers
attend seminars.*



Considering the seminars and planned public meetings as the core of the institute, it is possible to spread the influence and increase the effectiveness of the program by presenting the speakers to schools, colleges, service clubs, religious groups and regularly scheduled meetings that happen to fall during the institute period. The value of these appearances is that the speakers can be more definite in their approach because of the known character of the audience. They also enable a great number of persons to hear the speakers without attending a special meeting.

The sponsors of one very successful institute use this type of program exclusively. They send speakers to almost every civic and religious group in their community over a month's time. Except for an evaluation meeting at the close, they have no called meetings.

To keep abreast of the times, it is well to make use of the newest devices in group dynamics. Huddle groups and buzz sessions are excellent for securing audience participation in seminars. Sociodrama and psychodrama are also excellent when used by one who is expert. None of these devices will take the place of trained, experienced, capable leadership.

At a recent institute in Kansas City, a well-trained and capable leader used the buzz session very effectively for two sessions of a parents' seminar. At the close of the second session the leader had a number of requests to "just talk to them" for the third

session. A poll was taken at the beginning of the third session and the group voted by a large majority to have her "just talk to them."

Speakers and Leaders

The general public, even you and I, like to hear someone they have heard about and in whose judgment they have confidence. It certainly adds to prestige and publicity values if the speaker comes from at least a thousand miles away, has written a book or two, has a doctor's degree and is connected with a well-known institution. We have always accepted these as valuable assets in a speaker but certainly do not accept just anyone with all of these accomplishments.

Perhaps the two things that experienced program committees are asking about speakers are:

- Has this person a fund of knowledge and experience that would be of value to the groups to which he or she will be presented?
- Is this person able to present his knowledge and experience in a manner that will be acceptable to these groups?

Family life has its sociological, medical, religious, psychological and educational aspects; many possible speakers are experts in one of these fields to the exclusion of others. It can be very disrupting to public acceptance if a speaker is too narrow in his concepts of the contribution of his specialty to the whole of family life. Personality is an important factor in speakers, and it is risky to secure a speaker on reputation or writing alone.

A survey of the 20 speakers who have participated in the five annual institutes held in Kansas City showed there were eight educators, six college professors, two psychiatrists, two priests, two social workers, two child specialists, one psychologist and one mental hygienist. The number of speakers each year has varied from three to seven.

Perhaps the best key to the problem of whom to get is to decide what phase of family life the institute expects to emphasize, then to get a speaker who can handle it.

The principal outlay in most institutes is for the expenses and honoraria paid to speakers. The expenses depend entirely upon the distance they need to travel. Being rather centrally located, Kansas City has had to bring its speakers from long distances in many instances. Many speakers have set fees for their services, others will adjust their fees to the institute budget, some will come for only their expenses. A fee of \$100 a day and all expenses is not unusual for the more experienced speakers with good publicity features.

Many speakers will limit themselves to three appearances a day, whereas some ask for a heavier schedule. It is well to determine this factor when securing speakers and planning programs. The conservation of a speaker's energy is important, and it is best to let him decide the number of appearances he is to make.

Few speakers wish to be entertained. They much prefer to retire to the seclusion of a comfortable hotel room for complete relaxation.

*Speakers prefer
an easy chair
to a party.*



The briefing of speakers is an important and vital task of the program committee. They should be informed at least a couple of weeks in advance about the nature of the groups they are to meet, their place in the entire program and approximately what the committee hopes they will accomplish. Any particular local problem or touchy spots should be explained to them.

Publications

A very valuable adjunct to any institute is a display of current books and pamphlets dealing with family life. Most public libraries are glad to cooperate in displays and in some cases will prepare special reading lists for distribution.

Pamphlets should be displayed and, if possible, offered for sale. In some institutes the sale of pamphlets has provided a small source of income. In any situation the sale of pamphlets should be self-supporting. Under certain circumstances pamphlets can be secured on a consignment basis providing for the return of unsold copies.

Films

Displays should be adjacent to the meetings and open before and after sessions. The wealth of new films now available on many phases of family life makes possible a valuable session for the preview of films. If the titles are selected in advance, a schedule can be publicized to enable individuals to select the films they wish to see. It is usually important that competent leaders discuss briefly the use of the films.

Aids and Assistance

Specific assistance in planning an institute, references to speakers, sources of films and materials can be secured by writing to:

- Division of Community Service, American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.
- The National Council on Family Relations, 1126 East 59th St., Chicago 37, Ill.
- P. K. Houdek, executive secretary, Kansas City Social Hygiene Society, Room 401, 1020 McGee St., Kansas City 6, Mo.

*Public libraries
prepare
book displays.*



Unexpected Returns

Five consecutive years with successful family life institutes have left a real impression on Kansas City. They have yielded some unexpected returns far beyond the initial purposes and plans. They have brought those working for better family life close enough together to bring individual projects into focus with other programs in the city and have eliminated much mistrust and fear. They have made us re-examine our activities.

In the light of some very real problems presented at the institutes, they have made imperative the holding of other institutes and conferences on specific aspects. Some of the specific projects on family life that have followed from the institutes started in 1947 are these:

- Institute for parents of one-year-olds.
- Institute for nurses on mental hygiene.
- School conference on personality development.
- Three-day conference on sex education.
- Series of family forums in eight individual churches.
- Three-day conference on preparation for marriage.
- Series of extended conferences on love, courtship and marriage in seven individual churches.

Conclusion

There is no one best way to set up a family life institute. There are many variables in communities and committees. Without a set pattern it will be necessary to "cut and fit." Nothing will take the place of experience. Possibly some of the above suggestions will prevent developments that would be fatal to the most worthwhile plan. Better family life is worth all the efforts it takes to achieve it.

• • •

GRIN AND BEAR IT

by Lichty



"You're always helping me tell other stories . . . how about a little help on this one about the bees and flowers?"



YOUR RESPONSIBILITY IN VD CONTROL

(Reprinted from *Michigan Public Health*, January, 1951)

by John A. Cowan, M.D.

Children of high school age are among the principal victims of venereal disease in Michigan. At least five out of every thousand boys and girls of high school age contract venereal disease each year. One out of every eight cases of infectious syphilis and one out of every eight cases of gonorrhea reported in Michigan in 1949 were in the 10-19 year age group.

Michigan parents, teachers and youth group advisers are urged to use National Social Hygiene Month to consider what is being done in their communities for the prevention of venereal disease among their young people.

The key to the prevention of venereal disease among high school boys and girls lies in a total community program for the prevention of promiscuity. While the primary responsibility for guiding children in this matter resides in parents, every person who wields an influence over children has a share in this total community program. It calls for planning, conducting and continually improving education and guidance—in the home, in the framework of the school curriculum and in leisure-time programs—for the prevention of promiscuity and its accompanying venereal disease.

Here are some of the things which parents, teachers and youth group advisers can do to help eliminate venereal disease among Michigan's school-age boys and girls.

Parents . . .

- Be aware of your primary responsibility for the education of your children in personal living.
- Be informed as to the normal sex interests of children at different ages and at different levels of maturity.
- Be prepared to talk to your child in simple terms and without constraint or embarrassment.
- Be willing to answer your child's questions about his physical nature, about reproduction and about sex.
- Be eager to share your educational problems and experience with other persons in the community, such as your child's teacher, or family physician.
- Be an example of successful marriage and family living as a major goal of education in personal living.

Teachers and Youth Group Advisors . . .

- Be aware of the tremendous character-building influence that you have with children.
- Be informed as to the normal sex interests of children at different ages and at different levels of maturity.
- Be prepared to advise parents and to talk to children in simple terms and without constraint or embarrassment.
- Be willing to answer the child's questions as they arise and to suggest additional sources of information geared to his level of understanding.
- Be eager to share with parents the education of children in personal living.
- Teach by precept and example the concept of a well-adjusted mature adult.



AMERICAN BAEDEKER, 1951

by Eleanor N. Shenehon

Inspiring . . . that was the word for it. The Texas sun beamed down on the parade ground, a Texas breeze whipped the flags and guidons. The big band struck up a marching tune, and the flights wheeled sharply past the reviewing stand.

Here were young recruits, both men and women, airmen all. The scene was Lackland Air Force Base, near San Antonio, enormous training center for the fledglings of the United States Air Force. In the reviewing stand with Lackland's commanding officer stood 33 women, considerably awed by the spectacle and conscious of their responsibility as representatives of the great women's organizations of the country.

Here were members of the Women's Advisory Council, set up during the early years of World War II as a channel through which the Army could tell the women of the nation about the health, welfare and jobs of their soldier husbands, sons and brothers. At regular meetings during the war, the Army had briefed the Council on Army activities and had heard Council views on Army policy.

With unification of the services, the Women's Advisory Council extended its interests to the Navy, Marines and Air Force. A little later, with the Korean situation a full-scale threat to world peace, with all the services calling for men and women, the Department of Defense decided to show its women advisers exactly what recruit training is.

Thus, 33 American women found themselves on the reviewing stand at Lackland Air Force Base one day last spring. They were there to pass judgment on what they saw and to report back to the millions of women they represent through the American Social Hygiene Association, American Legion Auxiliary, YWCA, National Council of Women, General Federation of Women's Clubs and other patriotic, church and civic groups.

Back in the Pentagon two days before, Mrs. Rosenberg and other top brass had briefed them. General Marshall had wished them Godspeed. Then they began a 3,200-mile tour to America's great military training centers—Great Lakes, the Navy's outsize training station on Lake Michigan; Lackland, gateway to the Air Force; Fort Benning, where the Army trains the infantry; Parris Island, the Marine Corps' recruit depot off the South Carolina coast; and Fort Lee, basic training center for the WAC.

Theirs was a unique experience. They saw recruits of all the services, one after another, on their home grounds. They saw them at their jobs as they learned to master the skills of fighting men . . . and the skills of men and women who stand behind the men behind the guns. They watched them prepare to fight for their country if necessary. They watched them develop initiative and responsibility. They watched them learn to live together, to grow in citizenship and service. They saw them play together, and saw them pray.

They came home convinced that the services are building men and women, disciplined adults competent to take care of themselves in a dangerous world, confident of their ability to do so. They came home convinced that American military training serves the growth of youth into maturity . . . and that by so much it represents not waste but gain for the individual, his family and the nation.

GREAT LAKES . . . here during World War II a million bluejackets got their boot training. Here now sailors and WAVES learn the intricate, specialized skills of their proud service.



↑ Young Salt



↑ A WAVE explains the controls of a training device to a pilot.



↑ Up goes the dury roster (who does what and when).



Exercises build arm and chest muscles. →

← Sailors learn how to fight boiler-room fires and explosions.



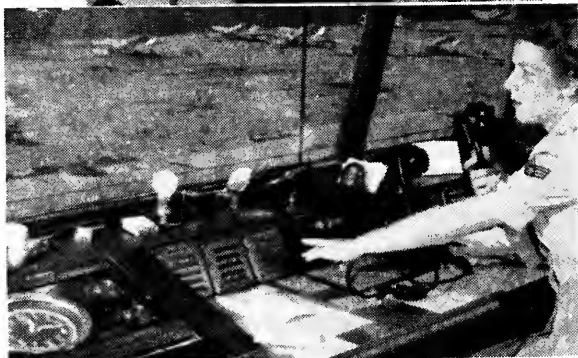


Inspections become routine . . . you relax before they begin while acting corporals check your foot-locker for neatness.

The Air Force expects each recruit to attend the church of his faith his first Sunday at Lackland.



LACKLAND . . . where career aptitude tests and classification aim to place "round pegs in round holes" to the greater effectiveness of the individual and the U. S. Air Force.



↑ A WAF control tower operator gives a pilot landing instructions.



↑ Brand-new recruits face their flight chiet for the first time.



A WAF flight attendant greets a passenger. →



FORT LEE . . . on Lee's great drill field an all-WAC parade, graced with WAC guidons of gold and green, timed to the rhythm of a WAC band, is memorable.



↑ A pleasant class for WAC recruits

WAC recruit makes a final check of her appearance before leaving barracks for the day's work:



↑ There's no substitute for mail from home, according to WAC recruits



↑ WAC recruits live for a week in a bivouac area pup tent to experience "field conditions."



↑ A good view of WAC recruit barracks at Fort Lee—and of a routine inspection



Who needs a caption for this good picture? →



PROSTITUTION AND THE POLICE

A Crime That Can Be Prevented

by L. D. Morrison

You can't have an effective venereal disease control program and a segregated red-light district at the same time. That's an old story to you. However, it is well for us to remember that we still have police apologies for the red-light district, or the so-called open town.

For many, many years police officers have felt that it was perfectly ethical to trade vice for thieves. It was their theory that a certain amount of information was necessary to police departments and that information was obtainable in houses of prostitution. However, the better informed police officer has realized for a long time that far more inflammation than information emanated from those places.

Prostitution is a crime. Because of this fundamental fact, the suppression of prostitution is part of the legitimate business and the sacred obligation of every police department. The obligation of government to regulate public morals in the interest of the public

welfare has long been recognized. That prostitution is primarily responsible for the spread of venereal disease is an undisputed fact, attested by every student of the problem and by an overwhelming volume of scientific evidence.

Apologists for the Red Light

And yet we still have apologists for prostitution who insist that it serves a useful purpose and deserves to be protected and fostered in segregated red-light districts. These people have an argument that makes a plausible case for those whose thinking does not go beneath the surface. "Prostitution is the oldest profession in the world," they say. So what? Does that make it right?

"You can't change human nature," is another of their arguments. As if it were natural for a woman to prostitute herself and have sexual relations with 20 to 30 men in a single night!

Maybe you can't change human nature, but human beings can degrade it and debase it until only the Divine Creator Himself could see in it any spark of resemblance to the innocent flower of womanhood for which he intended it.

"You might as well face the facts," these people say. "There's always going to be prostitution in the world, so isn't it better to keep it under control and make it sanitary by forcing all the girls into one district and having them examined by a doctor so they will be safe? Then a man who wants to satisfy his animal nature can go to the segregated district and not run the risk of getting disease."

As I said before, this is a very plausible argument, and a great many people fall for it. But let us examine the truth of these statements. Let's see what is wrong with segregation and regulation. Let's find out, if we can, why many police officials throughout the United States have agreed upon a policy of suppression and repression of prostitution.

In the first place, the so-called segregated district does not actually segregate. Many a city, thinking it had a model red-light district, has found out that 80% of its prostitutes were operating outside the recognized district. This should not be surprising. The most successful prostitutes have always operated more or less secretly in hotels, apartment houses, tourist courts, taverns and other places in all parts of a city easily accessible to their customers and where the residents are not alert or protected by the police. As far back as 1918, American police authorities reported that upwards of two-thirds of the prostitutes in cities with segregated districts operated outside them.

Another evil of segregation is that it creates new prostitutes by providing a ready market for their wares and an ideal business background for those whose business is the exploitation of prostitutes. These conclusions are confirmed by investigations conducted by the League of Nations in most of the civilized countries of the world.

A Public Health Menace

One of the greatest dangers to the public welfare growing out of the segregated district is the danger to the public health. Contrary to the claims made for it, instead of minimizing disease, the segregated district actually spreads disease far more rapidly than prostitution practiced without the benefit of a protected and segregated district. Competent medical reports over a period of more than 25 years show, without exception, that from 50% to 90% of the prostitutes in such districts are infected with syphilis, gonorrhea or both. Since the contacts made by the prostitute in the segregated district are far more numerous than those made by the streetwalker or the promiscuous girl, it necessarily follows that the segregated district is by far the most dangerous from the standpoint of spreading disease.

This conclusion is confirmed by a carefully controlled experiment carried out under the supervision of the U. S. Marines in Haiti in 1917. Prior to the experiment, the brigade had a venereal disease rate of 170.56 per 1,000, which was considered too high. After the segregated district had been in operation about a year under strict medical supervision, the disease rate had reached 243.36 per 1,000 and the experiment was discontinued as a failure.

One of the dangers of the segregated district is that the medical inspection creates a false sense of security for the men. Actually, a physician's certificate has no real protective value for a prostitute or her customers. United States Public Health Service authorities state unequivocally that "a physician who certifies prostitutes as non-venereal or non-infectious is either intentionally dishonest or grossly incompetent."

And even if a prostitute was "clean" when a physician examined her, this would be no protection to the second customer thereafter.

Another theory frequently circulated by those who favor the segregated district is that prostitution cannot be stopped. This is the psychology of hopelessness. The police, the doctors and the interested fraction of the public are all supposed to give up because "you can't stop prostitution."

The invincibility of prostitution is a carefully nurtured myth, but a myth nevertheless. Organized prostitution is a business, a vicious,

criminal racket which cannot exist without official toleration or protection, active or passive. When the underworld sees that a city is in earnest in its efforts to rid itself of this racket, it will fold up and go elsewhere. There is no profit in fighting, and prostitutes, procurers and racketeers are in business for profit, not fights.

Moral Corruption

The business of prostitution is a grave menace to the morals and welfare of the youth of any city. Our nation is plagued by a wave of juvenile delinquency. In our city, and in many others throughout the country, we are working diligently to remove temptation from the paths of our youngsters and help them to grow and develop into useful citizens. A flourishing red-light district would certainly not be our idea of the proper moral influence for the immature minds that we deal with in the crime prevention division.

*Too young
for "red-light"
influence?
His idol
is a
vice overlord.*



Not the least of the evils of segregated prostitution is the almost inevitable corruption of the ethics of the police. Attempts to administer segregated districts have almost universally had a disastrous effect upon police administration. Authorities are agreed that a city cannot have a wide-open policy toward vice and effective police administration at the same time.

And yet, right here in Texas, some of our cities have suffered from the "wide-open city" philosophy. This philosophy is another one of those plausible ideas which are easily sold to the unthinking majority by the selfish, interested minority, especially in cities which are largely dependent for their income on the vacationist and the

tourist trade. It appeals to that selfish streak which somehow seems to crop out in all of us at one time or another. It is based on the idea that the tourist is here for only a short time and we should stop at nothing to "gig" all the money out of him we can while he is here.

This philosophy often results in tremendous pressure on police departments to wink at gambling and prostitution. Often hotel owners are used as the tool of the vice overlords in the application of pressure on the police department. Other business men also are urged to fall in with the "wide-open city" philosophy. They do not realize that the actual effect is to siphon off into the hands of gamblers and procurers, gangsters and racketeers the tourist money which might otherwise have enriched the legitimate merchants in the normal channels of trade. They are told that "it helps the town."

Thinking people ought to realize that open vice conditions attract criminals and their hangers-on, not exactly the type of people we would like to have settle in our town. Furthermore, organized vice gathers funds which are used to hire expensive legal talent, to gain control of legitimate enterprises, and eventually to undermine government and seize control of political power. This situation creates an unholy union between respectable citizens and commercialized vice, and a vicious circle is thereby instituted. With the momentum of such a union, it is not likely that police honesty can long continue. The end result is the disfranchisement of every honest man and woman who has the temerity to attack the system.

And it all began when a selfish, interested minority began to sell the idea of a "wide-open city."

Promiscuity and VD

We still have a venereal disease problem in Houston. We don't have a red-light district and we think we have done a fair job of stamping out prostitution in the hotels, tourist courts and beer joints. Of course, it is a never-ending job. However, the fact that military records now indicate that only 10% of the venereal disease contacts made in Houston come from prostitutes, convinces us that we have made real progress in the suppression of prostitution.

Most of our venereal disease contacts now come from the promiscuous girl. This is a real problem and one we haven't licked yet, but we shudder to think how much greater our venereal disease rate would be if we had not been vigorously suppressing prostitution. The fact that we are already to grips with the promiscuous girl problem while some cities are still in the clutches of organized prostitution gives us some cause for self-satisfaction.

*Houston's
VD contacts
come largely
from the
promiscuous
girl.*



However, we are convinced that the ultimate solution for the twin problems of prostitution and promiscuity, with their accompaniment of venereal disease, lies in the field of prevention. We greatly appreciate the services of the American Social Hygiene Association in coordinating the efforts of all concerned in our city through the formation of a venereal disease control committee. Through this committee, we hope to get at the roots of the twin evils we are fighting.

Principles of Prevention

There are several important principles that we have to keep in mind in dealing with prostitution and promiscuity on a preventive basis.

The first one is that prostitution cannot be legislated out of existence by merely passing a law. It is a difficult problem. It is rooted in a human urge more fundamental than the desire for alcohol. Stamping out prostitution is a broad community enterprise involving all the community's services to its people, public, voluntary and private. For the customer, prostitution competes with healthful recreation; for the prostitute, it competes with other kinds of jobs. Thus, the amount of prostitution reflects, to a large degree, the lack of constructive opportunities the town has to offer.

The second principle is that prostitutes are people. You can't shoot them, and dumping them over somebody else's city or state line does not solve the problem. This principle calls for direct dealing with prostitutes and procurers and with the personal prob-

lems of girls who are about to pass over the line into prostitution. Vocational guidance is needed. Many of the girls have few opportunities for decent jobs. A sound program of vocational education would be very helpful.

The third principle is that skilled policing is necessary, realistic, intelligent policing directed not at the girls, the victims and underlings, but at commercialization, at the racketeers, the promoters, procurers and madams, the taxi drivers and the bellhops who profit from the business. Reaching the responsible parties requires competent policing. Evidence must be air-tight. Anything less is not likely to have any permanent effect on prostitution or on the venereal disease rate.

Finally, there must be some method of caring for and treating the women and girls who are arrested for prostitution. This requires action which will permit and help them to return to normal life. It requires a capable staff of full-time, experienced social workers and, of course, suitable detention facilities.

We believe this program will succeed. Crime prevention is now a recognized function of the police department. It should be extended to include delinquent and pre-delinquent girls above juvenile age. Such measures as these, that deal with the fundamental problem, not only benefit the individuals themselves; they serve the fundamental objective of protecting the people of the community, the men in uniform, and the nation. This is a legitimate and a very important function of the police department.

We are forced, then, to the conclusion that we no longer can simply use the methods and techniques and procedures that we formerly used in matters of prostitution. But we have to do some self-study to work out new methods and procedures. One of them, of course, is the employment of police women. When I say police women, I don't mean someone's version of "Pistol Packin' Mama" or something of that kind. I mean specially trained and carefully selected police women of social work experience, women who can routinely patrol the breeding grounds and cradles of vice and delinquency, women who can help young girls (and sometimes young men) make an adjustment to the situation after they come to the attention of the police.

I think if we are ever to find the answer for the twin problems of promiscuity and prostitution in the field of policing, it's going to be in the preventive field. Now that we know that prevention is a recognized function of the police, more and more time is spent in devising methods and procedures, including the use of police women, to the end that we can better protect the people in our community.

Integration Is the Answer

The police, the law and all its techniques are not going to find the answer to promiscuity. The answer is, of course, in the community, in the coordination, the integration of various community programs. The answer is going to be in the establishment of bureaus within your police structures to work in the dance hall, the honky tonk, the beer parlors. The answer is careful supervision, fit places of recreation for our young folk.



*Wholesome fun
in wholesome places
for our young people.*

When and if these youngsters do come to the attention of the police, the answer is to make some provision for their rehabilitation. We must not merely place them in the police station, give them a police record and then dump them back into the community.

In most communities, we find ample social service agencies, both public and private. I think that our main job is the integration and coordination of our vast community agencies.

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BEHIND THE BY-LINES



H. F. Southard

Helen F. Southard

Awarded a Panhellenic fellowship for her distinguished qualifications for graduate study, Mrs. Southard did graduate work at Columbia University. At the University of Buffalo, where she received her M.A. degree, she served as women's personnel adviser and psychology lecturer and as personnel consultant with the school of social work. Television programming and YWCA membership work plus a husband, two children and a farm make her life a full one.



P. K. Houdek

P. K. Houdek

Mr. Houdek was born in Muscatine, Iowa, and received degrees from Knox College and the University of Chicago. A member of Sigma Psi, the American Sociological Society and the American Association of Marriage Counselors, he is executive secretary of the Kansas City Social Hygiene Society and a frequent lecturer on the family. Father of two teenage sons, he finds flowers and bees a fascinating hobby.



J. A. Cowan

John A. Cowan

Director since 1946 of the Michigan Department of Health's division of tuberculosis and venereal disease control, Dr. Cowan has clung closely to his middle-western roots from the time he was born in LaCrosse, Wis. After taking his medical degree at the



E. N. Shenehon

University of Minnesota, he interned in Duluth and practiced medicine in North Dakota. Since 1936 he has held various posts with the North Dakota State Health Department, the Sioux City and Oklahoma state health departments.

Eleanor N. Shenehon

Director of ASHA's Washington liaison office, Miss Shenehon previously directed the association's community service division. She has served on the staff of the Federal Trade Commission, in the transient division of New York State's Temporary Emergency Relief Administration, with the Rockefeller Foundation as a faculty member of the Peking Union Medical College, China. She is a native of Minneapolis.

Lawrence Donald Morrison

Chief of Police Morrison of Houston, Tex., is a "natural" for police work, having come up through the ranks from patrolman to chief in 20 years. He holds a graduate degree from the University of Houston, where he was an associate professor, and has lectured at Texas A and M College. Author of numerous articles on crime prevention, he is a member of many police, crime prevention and social welfare organizations. Two grown children helped him to celebrate his silver wedding anniversary last year.



L. D. Morrison

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About our cover . . .

The Nativity, from the workshop of Antonio Rossellino. XV century Florentine statuettes. Ninth of a series of Journal covers on the family . . . photograph courtesy of the Metropolitan Museum of Art.

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SOCIAL
HYGIENE
IN
NURSING
EDUCATION



by Carmen Frank Ross, R.N.

The Nurse as a Woman

"Social Hygiene and the Nurse," mused Alice Hart as she looked over the nursing school curriculum. "That's a strange-sounding term. Social—that means people's relations with one another, and hygiene—well, that's health, and everybody knows what nursing is."

Her eyes sparked for a moment. "Why, I never thought of nursing that way. It means a nurse has to know a lot about people and their relationships in order to make them healthy."

Alice was right. A late adolescent herself, just out of high school, inexperienced, away from home for the first time, she somehow understood what social hygiene is. But how could she help others to make adjustments when she herself was uncertain about her own? Would she be happy away from her mother? What about Bill, who wanted her to forget nursing and get married?

With the bounce of an 18-year-old she shrugged her shoulders. Things would work out. That social hygiene course was meant for young student nurses just like her. She'd learn the facts, she'd talk things over with her instructors and her classmates, and eventually she'd have a grasp of social hygiene problems, of ways in which they could be straightened out to improve her patients' health, to give her certainty in her own relationships.

How Social Hygiene Can Help the Nurse

Social hygiene in nursing education is intended to help Alice and her classmates first as women. If they are not emotionally mature, how can they presume to help patients smooth out the knots in their lives? Then, as health ministers and teachers, they must understand that the healthy human being is an integrated whole, a sum total of social, environmental and psychological factors, as well as physical and biological ones. During and after her training period, Alice will not only nurse the sick; she will also help the patient and his family achieve a more healthful way of living.

This concept of health as a total of many factors of living has broadened the nursing curriculum and has fostered prenatal mothers' and fathers' classes and child development study groups. Here community leaders emphasize social hygiene tie-ins. To meet the challenges of modern society, nursing education has expanded to include industrial and public health nursing, as well.

If Alice is to understand that social hygiene relates to the health of the individual and his society, she will expect to study the mental, social and physical aspects of marriage and family life preparation, personal hygiene and the improvement of social conditions. She will learn to understand and respect sex as a factor in human living. She will study the five venereal diseases as a subdivision of social hygiene. She will try to achieve an unprejudiced, scientific attitude which recognizes that a patient's behavior reflects the social, moral and religious values in his own group.

Social Hygiene Education through the Curriculum

There are few courses in the *Curriculum Guide for Schools of Nursing* (prepared by the National League of Nursing Education) which do not include some aspects of social hygiene. An integrated curriculum and a democratic educational environment will influence Alice's thinking, just as the way the subject matter is presented, the tone of voice of the instructor, her facial expression, her assurance will affect Alice's attitudes.

Some day Alice will face a fearful, misinformed woman dreading the complications of her first pregnancy. On that day Alice will have behind her years of anatomy and physiology courses; she will know the structure and functions of the reproductive organs, the reality of sex differences, and the place that sex has in the lives of human beings. She will have a healthy respect for the efficiency of the human body, given the right care. Armed with this knowledge she can erase the ignorance of her patient. In a calm, sympathetic tone of voice, she can soothe and relax her patient, blot out her fears and assure her of a much easier delivery.

And while Alice is talking to her patient, little animated figures of the reproductive organs are flitting through her mind, just as she saw them years before in her training course. How easy they make her explanation of a few biological facts! The film was *Human Reproduction* (used with Dr. Harold S. Diehl's *Textbook of Healthful Living*, and available without charge from state and local health departments and voluntary health agencies).

Another film Alice likes for its accurate informality and Disney charm is *The Story of Menstruation* (distributed free of charge by the International Cellucotton Products Company, 919 North Michigan Avenue, Chicago 11, Illinois).

In her microbiology course, Alice identifies the spirochete and gonococcus and other germs. Through lecture-demonstration methods she learns the laboratory techniques of cultures, slides, darkfields and blood tests.

How very far removed is this impersonal, antiseptic laboratory work from the anxious father who will in a few years come to Alice for a blood test. With all her study of the physical and mental effects of the venereal diseases and their economic and social implications, the full impact of VD's pyramiding consequences will not hit her until she helps treat this father, takes measures to protect the health of his children and helps him with his problem of informing his wife. How much knowledge of human nature will she need, how much unselfish concern for others!

The Social Sciences

The social sciences are Alice's favorites. She loves the field trips, the work in the outpatient department, where she feels she really is nursing, the visits to community health centers, where she sees how poor environment can weaken health, cloud thought, destroy pride and empty pocketbooks.

Courses in psychology, sociology, social problems and professional adjustment, animated with audio-visual aids, guest lecturers, group conferences, discussion groups, individual and group projects, help Alice to see herself and others as a sum of many parts.

She has a physical, a social and an emotional makeup, unique and yet not essentially very different from that of others. She belongs to one racial group, one religious group; she finds in the ethical and moral teachings of her religion a positive force for social good, for personal and community health, even for disease prevention. At the same time, she has a broader understanding of members of other racial and religious groups.

In the social sciences, facts become relatively unimportant in comparison to those sympathies, attitudes and wider horizons that are developing in Alice and other young nurses.

Alice and her instructors study her own social, cultural and economic background, its effect on her personality, the kind of guidance she received at home, in church and school, her social and political philosophy—these all contribute to the kind of person Alice is. Alice, in her turn, will help her patients in the same way . . . the brooding adolescent who shows no interest in anything outside his dark thoughts, his vigorous, almost scornful father, his clever, over-bright sister. How should she approach these people, how give this boy confidence in himself, will to live?

It is the patient's individuality that Alice must learn to respect. She will not lose the human touch if her instructors respect her individuality.



*Another
human
touch—
a new
dress
for a
late date.*

Psychology

Through a study of psychology she can comprehend her own and her patients' attitudes towards behavior between the sexes. To accept the problems of the venereal disease patient, the unmarried mother, the illegitimate child, the homosexual, the sexually promiscuous, to realize their conflicts and their confusion, to care for them with kindness and not abhorrence, to guide them to recovery and adjustment—these are the broadly human duties young Alice will face in a few years.

Of course, she doesn't do the whole job herself. She knows there are psychiatric services, family welfare agencies, guidance clinics, marriage counseling services, interested clergymen—all these can perhaps do a better job than she, but she can interview, keep records, advise and guide, refer to other professional agencies, all with kindness and tact.

Sociology

She develops a sense of social and professional responsibility as she studies sociology. Laws requiring premarital and prenatal blood tests, prostitution laws, living conditions, community resources, and the modern family will all be covered. When this last comes up for discussion, Alice and her classmates have plenty to say about mixed marriages, mate selection, divorce rates, courtship and engagement problems and economic adjustments. Studying marriage preparation and family living puts the spotlight on the personal decisions many of Alice's classmates are making, and thoughts of Bill trouble her.

*Studies
and
problems
are
laid aside.*



When Alice sees the film, *Marriage Today*, based on Dr. Henry Bowman's book, *Marriage for Moderns*, she will be convinced that if young people have the ideals and goals of adult love, they can work together to make their marriage successful. This film, dealing as it does with the companionship, emotional maturity and physical and psychological adjustments of young couples, stimulates a lot of enthusiastic comment.

Medical Science

In the medical science course, Alice finds that venereal disease is still a major public health problem, despite the advent of penicillin. In 1950 almost 550,000 cases of venereal disease were reported to the United States Public Health Service, to say nothing of the unreported cases. Over 230,000 cases of syphilis and 304,000 of gonorrhea were discovered and brought under treatment, while an estimated 3,000,000 persons have syphilis without thought of medical attention.

In 1949, 6,000 persons went to mental institutions, 13,000 died, 14,000 were infected prenatally, all because of syphilis.

Alice, who loves children, is appalled to hear that an estimated 100,000 children under 11 years of age, all congenital syphilitics, face a future threatened by deafness, mental deficiency, blindness, physical deformity or premature death. But she loves her profession more than ever when she hears that 3,000 health departments and clinics are doing their utmost to find and cure these children and their parents and to prevent new infections. The welcome sign on these clinics is out. The patient need only come in, and Alice resolves that she, for one, will make him glad he did.

Another aspect of venereal disease prevention concerns the legal and protective measures designed to control prostitution, sexual promiscuity and venereal disease. Alice studies this under the functions of boards of health and health organizations and of other community agencies, police departments, courts and penal institutions.

Pharmacology and therapeutics will acquaint her with the drugs used in the treatment of venereal disease, their administration, preparation, dosages and effects.

Nursing Courses

Alice will acquire in the nursing arts courses much of her professional know-how, which emphasizes a technique centered on the patient rather than on the disease. Social hygiene and health education are both incorporated in the medical, surgical, obstetric, pediatric and psychiatric nursing courses.

As a physical, medical and social problem, the venereal diseases are included in the communicable disease nursing course. Alice knows the value of case histories; she can do venipunctures; she can give injections; she can assist in the collection of spinal fluid; she knows what community resources and VD patient education opportunities are available.

Films like *Message to Women*, a United States Public Health Service production, the American Social Hygiene Association's *With*

These Weapons and *Our Job to Know*, and the Columbia University Communication Materials Center's *Birthright* are used to supplement the lectures.

Obstetric nursing offers many opportunities for family life education, covering as it does the period from early pregnancy through the puerperium period. Alice learns to help prospective mothers adjust emotionally to their new responsibilities. Emotional adjustments concerning human reproduction as related to family life are just as important as facts, Alice discovers. She learns how much it costs to have a baby, how community resources can help parents solve their problems at this time. She makes up her mind that all her pregnant patients will have two blood tests, one early in pregnancy and the other in the third trimester or at delivery. She closes her eyes tightly when she sees pictures of babies suffering from congenital syphilis—none of “her” babies will have that!

*Gurgling
or crying,
he's the
pride
of the
family.*



While she views the United States Office of Education film, *Care of the Newborn Baby*, she imagines herself a public health nurse, first making a prenatal visit, then in a postnatal visit examining the baby, teaching cleanliness, and best of all, watching the touching response of the baby to good mothering. There is no doubt that Alice, with this thorough groundwork in all aspects of the maternity cycle, will be able to impart this information to the new mother just as well as the nurse in the film.

As a student nurse, Alice has some experience in teaching mothers' and fathers' classes in normal child growth and development, breast and bottle feeding, bathing, diapering and dressing a baby. In answering questions, she tries to promote in the parents an eagerness for the child's arrival. She still cannot understand how some parents can be so reluctant about accepting their baby, but she knows that

a complete study of the parents' background will tell the story, and she resolves to be just as patient with these as she is with all her other charges.

She learns how to explain to the family what will take place in the hospital, to help them understand the emotional and physical aspects of human reproduction, and to assist them in adjusting to the arrival of the baby by preventing jealousy in the other children. Even big sister Sue, three years old, can look forward to a new sister or brother with interest, not apprehension. She should not be presented out of the blue with a new rival for affection and be expected to open her arms to the infant with pure joy.

Alice will not be afraid of the tremendous responsibility she will assume for the welfare of her child patients, and it is a tremendous responsibility. Will she not be one of the people to whom parents will turn for guidance and advice in raising their children from birth to adulthood?

She must know about the sex interests and differences in children in order to understand any questions these children or their parents ask her. "What is birth?" "How did the baby start?" Alice will be able to answer these and a hundred other questions without embarrassment. No parent will fail to understand such incidents of child growth as bed-wetting, toilet training, nocturnal emissions, masturbation, exploration of the genital area, once Alice has quietly and carefully explained them.

Since pediatric nursing concerns the adolescent as well as the child, the nurse must understand how sexual adjustment takes place, how to foster proper attitudes, what sex information is needed. Frank talks on menstruation, boy-girl relations, and "crushes" prepare her for the responsibilities involved in pediatric nursing.

To emphasize that children must be respected as individuals, the National Institute of Mental Health (with the cooperation of the



Young patients love Christmas favors on their trays.

Office of Education) produced *Preface to a Life*.⁴ This film shows how a child's personality is influenced by the ideals and attitudes and actions of his family.

In a few years, Alice will have accumulated a startling amount of factual knowledge, some of it very nicely assimilated, much of it waiting for some future moment to be sorted, to be related to other seemingly alien facts, to be used.

The Personal Equation

Alice knows her instructors, the few to whom a fact is a fact and nothing else, and the many whose breadth of understanding and interest become a part of their smallest gesture, their quick laughter, their simple words of encouragement and appreciation. These are the ones who will mold Alice's attitudes, her preferences, her likes and dislikes, her approach to all kinds of patients, and her care for them.

These instructors, confident of their scientific and medical knowledge, adjusted to the social standards of their environment, privileged to express themselves freely, able to let down the bars of formality in group conferences—these are the ones Alice will try to emulate. Through them she conceives the value of human life, she exerts one extra effort to distract a child from thoughts of home, she gives that additional crumb of attention to a querulous patient.

During these years Alice becomes one of the crowd. She is accepted by her classmates and the graduate nurses. She learns when to give and when to take, how to relax over a cup of coffee with her friends. She knows why regulations about leisure-time activities and "lates" are perhaps more restrictive for her than for the average college girl, and she accepts them cheerfully. She listens to what

A
"gab
fest"
in
her
room.

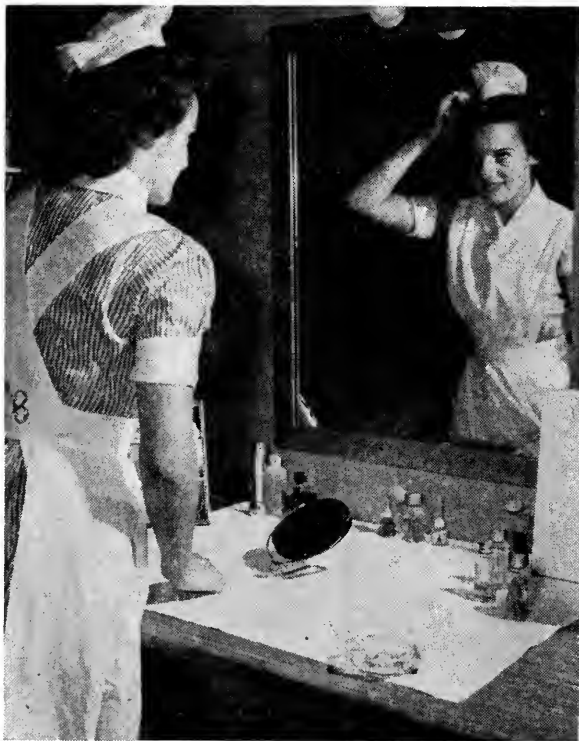


Sally and Anne say about their dates, compares it with the words of her instructors in family life education, considers what she herself feels is right, and acts accordingly — no carbon copy, she. Though she thinks Sally is immature, she can see that Sally has grown up considerably in a few years, and she can understand why Sally is still a baby sometimes . . . without any home life to speak of, church influence, or effective early schooling.

It's the Annes and Sallys, all living together under a system that knows no favorites, that make the atmosphere of the nurses' residence—and this complex of personalities teaches far more about living than does class work. Alice likes to think that she learns the *theory* of social hygiene in class, the *practice* in her own relations with her instructors, friends, dates and patients.

She is developing in herself and encouraging in her patients a sense of personal responsibility for behavior. She must interpret her patients objectively in terms of their personality, background and character. She cannot pick and choose among diseases according to "aesthetic" qualities and measure out her sympathy accordingly.

Alice is a nurse.



*The
final
touch.*

REMINISCENCES OF TWO DECADES



Service on the Commission on Marriage and the Home

by Rev. Leland Foster Wood

In 1930 I became somewhat closely acquainted with Dr. Worth M. Tippy, executive secretary of the Department of the Church and Social Service of the Federal Council of Churches. He visited me where I was then teaching in the Colgate-Rochester Divinity School and spoke to some of my classes. I served as chairman of the Church Conference of Social Work in 1930-31. As this Conference had just been organized under his department, we were rather closely thrown together.

Two Pronouncements

In 1932 I left my position as professor of social ethics to become secretary of the Committee on Marriage and the Home, which had been organized under Dr. Tippy's department but which had not

had a full-time secretary until that time. The Committee had already done significant work and had attracted nation-wide attention by its statement called "Ideals of Love and Marriage," and by its pronouncement on birth control. The latter aroused quite a storm of discussion, but the committee's position that birth control, when used under the guidance of the Christian conscience for the spacing of pregnancies in the interest of the health of mothers and children is normal and right, gained greater acceptance.

As teacher of one of the early courses on the family in a theological seminary, I had used both of these documents for discussion with my students.

At the time when the Committee was organized there was much alarm over the fact that the divorce rate had become one to every six marriages. Probably that was the reason why the committee which I served had at first been called the Committee on Marriage and Divorce. It was soon renamed the Committee on Marriage and the Home and still later the word Committee was changed to Commission.

The Committee early decided that its function should be primarily educational and spiritual. It should not be chiefly a group attempting to make marriages succeed by advocating more rigorous legislation against divorce. Our sociologist members in particular counseled against placing our dependence on national uniform divorce laws. A time might come when the nation would be ready to draw up wise, enforceable and constructive uniform divorce laws, but it was felt that such laws should be preceded by more educational effort.

Furthermore, it was held that emphasis on educational and spiritual means of strengthening the home was more appropriate for us and more intrinsically sound.



*The church
buttresses
the home.*

Sex education was to be a part of family life education. The whole generation of youth was entitled to the best help the adult world could give them in preparing for homemaking. Churches were to take their place in the national parent education movement. Ministers were to be helped and prepared to counsel with couples looking forward to marriage and with those meeting difficulties in

their marriages. The spiritual function of the home and the sacredness of its ties were always to be among our major emphases.



*"Reverently, discreetly
and in the fear of God."*

Statement on Marriage Preparation

One of the first public statements with which I was concerned after coming to the Federal Council was that which advocated educational preparation of youth for marriage and laid stress on the special opportunity which ministers have in counseling with couples who come to them for marriage. It condemned stunt marriages, which had a considerable vogue at that time—marriages on tall chimneys, in airplanes or at fairs.

I still remember the cold reception this document had from some members of the executive committee of the Federal Council when it came up for debate and action. In the course of much debate and conference, however, the document was revised in such a way that objecting members were won over, or at any rate the great majority favored it, and in due course it was released to the press.

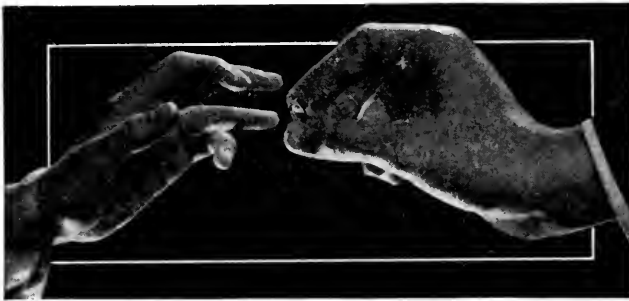
Although its main emphasis had been on educational preparation for marriage, the press seized upon its strictures on stunt marriages and many of the papers headlined their story with the words "Federal Council Raps Stunt Marriages."

Premarital Counseling

The Committee continued to emphasize both the long-term educational preparation of youth for marriage and the great value of premarital counseling. In the course of time we put out a manual of guidance in counseling for clergymen. The booklet was called by the very safe and general title "Safeguarding Marriages." Anyone would be in favor of that, but one had to read the booklet in

order to find out what it was all about. Later this was revised and put out under the straightforward title, "Premarital Counseling." It has been widely used, between 20,000 and 30,000 copies having been sold to ministers.

The reason for the vague title first used was that premarital counseling was so little known or understood. In some quarters it had got off on the wrong foot because counselors had dealt exclusively with sex, whereas they ought to have dealt with the whole meaning of marriage as a union of two persons, a union having a physical, mental, social and spiritual nature.



*This
unbroken
circlet—
what does
it signify?*

From a questionnaire used with a limited but representative list of ministerial leaders across the nation, we found only a handful were doing any premarital counseling. It was still customary for ministers to marry couples without entering deeply with them into the meaning of the step which they were taking. Gradually, however, the idea has taken hold that a part of the minister's function is so to counsel and lead his young couples that they will make a good start rather than a poor one in marriage, and will feel free later, if necessary, to come back for counsel from the minister.

We insisted that unless a minister counseled carefully with his couples he would often not know whether they did come "reverently, discreetly and in the fear of God," as the marriage ceremony advises. Furthermore, we laid great stress on the fact that strikingly few broken marriages were found among those who had had educational preparation and careful counseling beforehand.

In one of my conferences with ministers, a young minister told me that his record was 50-50: he had married four couples and two of these couples were already separated. Another told of marrying a couple in whom he had confidence, but who were torn apart

after a few weeks by a misunderstanding. If the minister had counseled with them, he could have discovered this cause of friction and could probably have helped them to remove it.

Our manual was so well received that one of the major New York dailies made it front-page news, and it had a good press across the country. Thousands of ministers have used it.

At the same time, ministers have made wide use of other helps in premarital and postmarital counseling. Theological seminaries took their place in this movement until at present a considerable number of them teach and train their young ministers to hold such interviews with all whom they marry.

A Young Minister Flounders

There is no doubt that thousands of ministers are now giving effective help to those whom they marry, but many still lag behind. So great a movement does not go forward without some slips and false starts. A young minister came to me for help because he had allowed his enthusiasm to get ahead of his technique. Going to his first pastorate with a determination to do good counseling, he had announced from the pulpit that any couples coming to him to be married must spend two hours in premarital interviews.

The trouble was that the minister was not yet sufficiently skilled to do this happily and effectively. The interviews dragged. It was heavy going both for him and for the young people. In distress he came to me to ask how he might get out of the plight in which he had placed himself.

I commended his good intentions and pointed out to him that such counseling is more difficult than he had realized, requiring more smoothness and skill. He needed more careful preparation and, of course, the benefit of more experience. In time he would, no doubt, be able to spend hours happily and fruitfully with prospective brides and grooms. I suggested that he forget any rigid requirements, be guided by the needs of the people and have interviews of such length that they would be pleasant to all concerned.

One should do this work in the spirit of a priceless privilege and not of an exaction. Most ministers are able to gain such skill that their interviews with couples are appreciated and always remembered.

ASHA Cooperates

While Dr. Tippy was organizing the committee, Dr. William Freeman Snow and others of the American Social Hygiene Association were also concerned with a broad educational program for homemaking. Furthermore, they wanted to help the churches

in the work of their new Committee on Marriage and the Home. Dr. Snow gave much encouragement and strong practical support by appointing Newell W. Edson of his staff to be ASHA's representative on the Committee. In all the early years of the Committee, Mr. Edson was among the most faithful and helpful members.



*The ASHA
lends
a hand.*

An early decision of the Committee was that we would use the sex education materials put out by the American Social Hygiene Association and other scientific organizations instead of creating our own materials for that particular part of family life education. Both in our office and in our conferences across the country we have made constant use of the ASHA publications.

A part of the purpose of the Committee was to encourage the use of all the best materials in family life education both from religious and from secular sources. In fulfilment of this part of its purpose, the Committee (later the Commission) published bibliographies in which hundreds of books and pamphlets were classified and briefly annotated. More than 30,000 of these bibliographies have been sold. Our own publications were mainly pamphlets and leaflets, of which millions of copies have been sold. In addition, we published two booklets on counseling, the one mentioned above and the other one called *Pastoral Counseling in Family Relationships*, of which the first 10,000 were sold in 13 months.

A Successful Author

Before coming to the Council, I had begun a book for brides and grooms which I called *Foundations of Happiness in Marriage*. I presented this to the Committee on Marriage and the Home, asking whether they cared to publish it. Members thought it should be published, but they felt that it was too frank to come out under Federal Council imprint.

So for a time I put it out on my own financing. Then I rewrote it for the Round Table Press under the title *Harmony in Mar-*

riage. Thousands of ministers use it with couples whom they marry. Its wide use is seen in the fact that 400,000 copies have been sold, and it is still going as usual. (I feel it right to add that during my period as secretary all royalties and other income from writing have been devoted to the budget of my office.)

*Books and pamphlets
help to encourage
family happiness.*



During its entire history, the Commission on Marriage and the Home has worked closely with other national organizations interested in family life. Officially or unofficially, our work has joined forces with city, county and state councils of churches, with denominational bodies, with interdenominational organizations and with many national organizations in the secular field.

Among these, in addition to the American Social Hygiene Association, are the National Committee on Parent Education, National Council on Family Relations, National Congress of Parents and Teachers, Planned Parenthood Federation, American Home Economics Association, Maternity Center Association, Committee on Maternal Health of the Academy of Medicine, American Association of Marriage Counselors, U. S. Children's Bureau, White House Conferences of 1930, 1940 and 1950, and the National Conference on Family Life held in Washington in 1948.

The New Council

At the beginning of 1951, the work of the Commission on Marriage and the Home passed to the new National Council of the Churches of Christ in the USA, which consists of the Federal Council of Churches and seven other interdenominational bodies. The interests of family life have been integrated more fully into the structure of the National Council in the form of a Joint Department of Family Life.

It has been our privilege to work with some outstanding leaders, including three who have passed from the scene and whose influence

goes on and on. Dr. William Freeman Snow, Professor Ernest Rutherford Groves and Dr. Robert Latou Dickinson were great pioneers, each in his field. Their efforts and those of others who have worked with them have brought family life more fully into the educational consciousness.

A great pioneer—

Dr. William Freeman Snow.



The years ahead will see a greater fulfilment of the movement which they helped to build, until family life education shall take its full place in the church, the school and the home itself, and we shall give national implementation to the oft-repeated statement that the home is the basic social institution.

The Future

A really amazing thing is that up to the present, although everybody agrees that the family is of primary importance to the happiness of individuals and the well-being of the nation, education and research for family life have been almost completely ignored by the great foundations. No doubt this blind spot will some day be cleared up and family life education will be carried on ably, as in the past, and supported with power as it needs to be.

• • •

A friend of mine overheard her small son, five years old, offering to explain to his four-year-old sister how babies got their navels. Wondering what information he had picked up "in the gutter," she did a little eavesdropping. This is what she heard: "When God finishes making little babies, He lines them all up in a row. Then He walks in front of them and pokes them in the tummy with His finger and says, 'You're done, you're done, you're done'—and that's what makes navels."

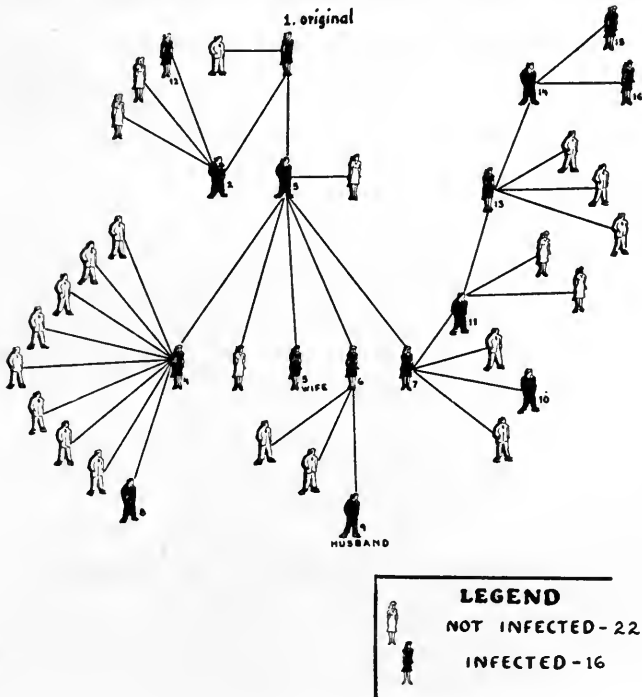
A Syphilis Outbreak in Iowa

This diagram tells much of the story of case-finding of syphilis. The original case was diagnosed early latent syphilis July 7, 1950. On July 8 a public health nurse and a lay epidemiologist began the contact investigation charted here. Between then and August 25, when the investigation closed, the work had revealed 15 more cases, all infectious, five early latent, one secondary and nine primary.

The 37 persons in the contact series were either named or well enough described so that they could be found. All were examined. None of the 15 infected contacts had been to a physician for examination or treatment before the interview with the case investigators.

This outbreak is not unique even in Iowa. It is one of several, some of them larger, that have been followed during the last year.

LOCALIZED OUTBREAK OF SYPHILIS IN AN IOWA COUNTY FOR 1950.





CHEECHAKO

A Tenderfoot's Report on Alaska and the Line

by Charles Walter Clarke, M.D.

On other frontiers a newcomer was a tenderfoot or a greenhorn. In Alaska he is a cheechako, and he remains one until he has "drunk from the Yukon, panned an ounce of gold and slept with an Eskimo." He doesn't become a sourdough, however, until he has been in the Territory for 20 years and has lived on flapjacks from the little iron pot carried by prospectors.

Cheechakos have no right to opinions about Alaska. All they can do is keep their eyes and ears open and report what they see and hear for what it is worth.

I. Alaskan Towns and Their People

Leaving New York City about noon one day, I reached Anchorage about one o'clock the next day, having laid over in Seattle for five hours and having gained five hours by westward travel. The two-

hour gain from Seattle to Anchorage stresses the fact that "the metropolis of Alaska" is as much west as north of the states—it lies due north of Hawaii.

The interest in the journey picked up from the point when, rising above violent rain and wind at Seattle, the DC-4 flew out above the clouds and into the sunshine over the Pacific. Hour after hour passed in steady flying before, far to the east, the magnificent mountainous Alaskan coastline, the rose-tinted tops of high peaks above the clouds, came into view. From then on, the grandeur of Alaska unfolded and the clouds disappeared as we neared the coast.

Mt. McKinley

My first view of North America's highest peak, Mt. McKinley, was from my hotel window in Anchorage, but on the flight from Anchorage north to Fairbanks I saw it more intimately than do most travelers. Leaving Anchorage before dawn of a December morning, the plane flew over the lowlands toward the mountains. The first red rays of the sun illuminated the crest of Mt. McKinley long before night had been dispelled from the valley. We flew toward it, beside it and on past it into the great central plain where Fairbanks is located on the frozen tundra beside the Chena river, only 150 miles from the Arctic Circle. On the flight back to Anchorage the majestic mountain was invisible from the plane. It had withdrawn into the mists which bring disappointment to so many travelers.

The greatest fun in Alaskan flying is in the short hops in little amphibious planes—from Juneau to Sitka and back, from Ketchikan over to the Annette Islands and back. The bush pilots who fly these little planes are great experts. They know every mile of water, fresh or salt, in Alaska and can, if necessary, set their planes down

***Mt. McKinley
rises over
Wonder Lake.***



in a duck pond. It is amusing to fly along for a while, then alight on the water near a beach and taxi right out onto the sand. After making a rendezvous with your pilot to come and get you, you can go about your business—fishing, hunting, visiting an Indian village or what-not.

Wintertime

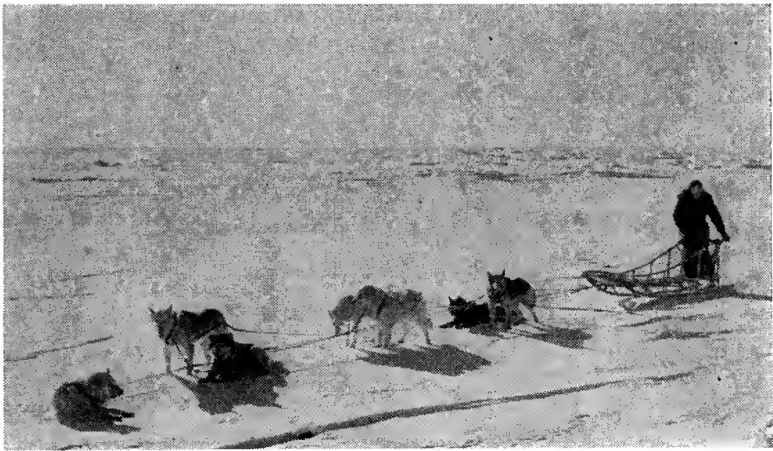
Winter is a good time to visit Alaska for several reasons. First, and most important, the mosquitoes and black flies are frozen in and unable to make human life miserable, as they do in the summer except in a few towns where twice-weekly DDT spraying by Air Force planes discourages them. Furthermore, there are no tourists to occupy the attention of the citizens, who consequently have time and inclination to think and talk about Alaska.

In the winter, the fact that Alaska is not a vast area of ice inhabited only by reindeer, polar bears and Eskimos living in igloos and a few prospectors trudging after dog sleds, is borne in upon one. The brevity of the days makes one appreciate the sun when for a few hours it peers cautiously over the horizon. The 20-hour-long nights turn men to each other and to their warm homes or to taverns for solace and often for escape from profound loneliness and homesickness.

Many men and some women find escape from loneliness in overdoses of alcohol. There are many seasonal workers in Alaska, men who come for fishing, mining and prospecting, who plan to go back to the States, usually by ship, but who often enough find themselves unable to navigate to the gangplank. These are called missed-the-boats.

Walking about Ketchikan one day, I heard the SS Baranof sound two long blasts of the whistle, warning that 30 minutes remained before sailing, one long blast indicating 15 minutes to go and finally one short blast signaling, "Let go the lines and pull in the gangway." As if blown out of the nearby tavern door by the last short blast, a disheveled man shot onto the sidewalk. He stood wiping his mouth with his coat sleeve, gaping at the departing ship. "Damn, missed it again," he exclaimed—and went back into the tavern.

Dogsled-racing and betting on the day, hour and minute when the ice in the Tanana river will break up are the greatest sports in Alaska. Raising and training dogs for racing is a flourishing business, and the heats and finals of the races draw thousands of people and big-money bets. One of the most spectacular races ends at the bridge over the Chena river at Fairbanks, and business is suspended in the feverish excitement as the dog teams near their goal.



Betting on the break-up of the ice in the Tanana river is not only Territory-wide but extends to the "outside." The closer one is to the historic river, however, the more frenzied the interest. There is big money in some of the pools, and as early as December in Fairbanks bets were being laid as to when exactly the Tanana would be unbound from its icy fetters.

An Old-timer

At Nome an old adventurer told how he had arrived there in 1902 in the midst of the gold rush. He had traveled by ship from Seattle to Valdez on the south coast of Alaska. From there he had packed with four comrades to the headwaters of the Tanana river.

"We got us a rowboat. One of us steered and four rowed like hell all the way down the Tanana to the Yukon, then down the Yukon to the sea . . . about 1,000 miles. Then we hiked overland to St. Michel's and paid 35 bucks each to ride on the deck of a sidewheeler across to Nome. It was quite a place in those days—20,000 gamblers, whores and prospectors. Now we ain't got more than 2,000 people and no excitement at all. Yep, the Tanana and the Yukon were main roads in them days."

The feel of the Arctic is in Fairbanks in mid-December. Even at noon of a clear day the long, low rays of the sun create only a twilight in the streets. Temperatures sink as low as 70 degrees below zero and 20 and 30 below are customary. Parkas and mukluks of beautiful fur are everywhere. Many Eskimos in their gorgeous costumes are seen on the streets and in the taverns. Air Force personnel in their scientifically efficient winter togs hurry about their business.

But Fairbanks can be hot, too, with summer temperatures up to 90 degrees.



Anchorage Can Grow

Anchorage, with its mild winters and summers, has birthmarks which promise a big city when it grows up. Already much the largest town in Alaska, it is the center of air, rail and water transportation. Unlike many Alaska communities such as Juneau and Ketchikan, which seem to cling by their fingernails to mountain precipices to avoid slipping into the sea, Anchorage, located in a wide, level valley, has ample room for growth, for railroad yards and airports — and it has a respectable climate. This cannot be claimed for the towns of southeastern Alaska, where there was in 1949 a rainfall of 204 inches — 17 appalling feet of rainwater!

To be weathered-in is a very common misfortune of a traveler in southeastern Alaska. Fog, rain and clouds shut down without warning on an airport, effectively cutting off traffic. All one can do is wait, and wait, and wait, for days or weeks.

The Place of the Rotten Fish

How strong and masculine are these Alaska names! Wrangel! Kodiak! Stikine! Skagway! Ketchikan! Nothing effete about such names. They all have some historic significance. In Ketchikan the Cheechako asked the meaning of the town's name — and asked and asked without getting an answer. Finally a waitress whispered, "We usually don't tell — it's so awful — but Ketchikan means in the local Indian language 'the place of the rotten fish.'"

This was confirmed by an Indian from nearby Matlakatla. "In the old days," he said, "the salmon crowded into the creek at what

is now Ketchikan so thick that light-footed Indians could, without wetting their moccasins, pass over the stream on the backs of the fish. Of course, some fish were crowded out of the water onto the shore of the creek. These died and rotted. The stink gave the name to the place, and to the town when the white man came."

The most interesting modern Indian community in Alaska is Matlakatla on Annette Island near Ketchikan. Founded by William Duncan, Church of England missionary, as a religious community, it now has its own cannery, sawmill and shipyard, owned and operated by the community. These industries entirely support the people of Matlakatla, their public utilities and services and church. There are no taxes. The Indian citizens are well-housed, well-fed and well-dressed, intelligent and apparently happy.

Their church with its fine furnishings, excellent organ and large music library was said to have been the largest and most beautiful in Alaska. Their choir is distinguished, giving concerts in the states and radio broadcasts to the "outside." Unfortunately, the church was recently completely destroyed by fire.

Civilization and the Native

Conspicuous in Alaska is the often sorry fate of primitive races.—the Indian, Aleuts and Eskimos comprising about one-third of the huge territory's estimated 110,000 people—when brought into too-close contact with the white man's civilization. As usual, close association is bad for the whites but worse for the natives, who all too often acquire the white man's vices and relinquish their own primitive virtues. Since all Alaska natives are citizens of the United States, they have legally all the rights and privileges of other citizens and may go where they please. Once native youths taste life in an Alaska town, go to the white man's movies, drink his liquor, eat his food, the simple life of the tribe loses its attraction.

Natives seem especially susceptible to alcohol. Many of them, friendly, sociable people, love to frequent the bars and taverns. The native girls loiter about such places where white men buy them a few drinks and then have sexual relations with them. The number of illegitimate children of native girls and white men is large. The venereal disease rate among the natives is relatively high.

The greatest health problems are tuberculosis and dental decay. The background of the appalling tuberculosis rate appears to be the crowded housing conditions under which the natives customarily live, and the lack of hospital facilities for the isolation of infectious cases. Before the white man brought sugar and candy to the natives dental decay was rare. Now with candy in every native's mouth—they will go to any lengths to get it—dental troubles are said to be



*The ways of
the white man
replace their
simple joys.*

almost universal. The teeth of many adolescents are so bad that dentures are necessary for them even before they reach maturity.

Pioneers Home

"The finest building in Alaska is the poorhouse," Cheechako was told. It is the Pioneers Home at Sitka. This statement is not strictly accurate in that the Pioneers Home is hardly a poorhouse and it is no longer the finest building in Alaska. It is, however, an impressive structure housing an interesting group of old men, mainly prospectors from gold rush days, men who didn't strike it rich. They live together, but in singular loneliness, in the Pioneers Home. One would expect to see these old fellows hobnobbing, playing cards and spinning yarns together. Instead they sit, each man apart, intent on their own solitary thoughts as if still at some lonely digging far from their fellow man.

In front of the Pioneers Home is a fine monument honoring Alaska pioneers. It is a larger than life-size figure of a prospector striding over rough terrain, carrying a rifle in one hand, a stout stick in the other and a pack on his back. Lashed to the pack is a pick. This pick has caused bitter comments and deep curses by the old boys of the Pioneers Home, for — as they correctly point out — it is a miner's pick and not a prospector's pick.

One day the superintendent of the home found two old sourdoughs fighting on the lawn. In spite of their age and decrepitude, they were hammering each other vigorously.

The superintendent caught and held one of the fighters. "Now, now, boys, you shouldn't act like that," he said. "You ought to be friends."

"But, I ain't agoin' to let a durned ole fool like him tell me how to dig clams," one of them remonstrated.

A Mean-looking Eye

The practical joker thrives in Alaska. One example, having some of the marks of genius, was related by a friend whose duties require him to travel far and wide in the Territory. One night he arrived at Nome very late and was put up at a severely simple hotel. The partitions between the bedrooms were of the flimsiest material. While undressing he heard movements in the next room but paid no attention until a soft sound as of someone rubbing along the wall reached his ears. Then he listened intently and presently noted a hole the size of a quarter in the partition. He tiptoed to this hole and looked in but quickly leaped back.

To his horror he saw an eye staring straight at him! It was a brown, intense and mean-looking eye. For a long time he stood motionless, silent, listening, thinking. There was something vaguely familiar about that eye. He had seen it before—somewhere. At last he screwed up his courage and crept back to the hole and looked again. There was the eye staring intently at him as before. Then he recognized it. It was his own—reflected from a mirror some wag had nailed to the other side of the wall.

*Raymond P. Sanford,
ASHA representative,
greets Dr. Clarke
in Anchorage.*



II. Sin and Sex

For pleasure few people would choose to make their first visit to Alaska in the winter. This Cheechako went on a mission—"to take sin out of sex," as one somewhat cynical sourdough doctor put it.

To some extent sin and sex go together in Alaska, and the combination endangers the health and morals of the American servicemen stationed there. Since Alaska is a most important defense area, the Territory has for three years rated very special attention from the American Social Hygiene Association. We have made special surveys of the prostitution racket in all important Alaska towns, and a resourceful and indefatigable ASHA field representative has been stationed in the Territory to assist the Armed Forces and civilian officials to keep the GIs and the prostitutes as far apart as possible.

The Line

At the suggestion of the Armed Forces, the officials of those cities which are most important from the point of view of the Alaska Command — Anchorage, Fairbanks and Kodiak — have abolished the line, as the segregated districts are called in Alaska, but this was done without much support of popular opinion. Juneau, the capital, and Ketchikan have kept their lines. Briefly described, my assignment on this mission to Alaska was to explain to civil officials and the public the reasons for the nation's policy with regard to the repression of prostitution.

In a meeting with the officials of one town, I asked, "What is the situation here and now with regard to the line?"

"Prostitution is at a minimum. The town is clean," the Mayor replied.

"Aw, hell, what's the use of lyin' about it?" a member of the city council laughed. "The line is open as usual. That's the way we want it and that's the way we're goin' to have it. Its the only way to prevent the rapin' of decent women and girls."

That very night in that very town within an hour of this councilman's statement, a waitress was twice saved from rape — once by running and screaming and again by the timely intervention of the police.

In another city, before the commander of the nearby military post had persuaded the municipal authorities to close up the line, a fire broke out in the middle of the night in a brothel housing eight prostitutes. Two GIs asleep in the house with inmates were aroused by the fire just in time to dash out into the sub-zero night clothed only in their underwear. They returned, however, and helped to get the girls and some of the furnishings out of the flaming building. The next day the madam wrote to their commander and asked that the boys be given citations and decorated for heroism — beyond the call of duty. Imagine that citation!

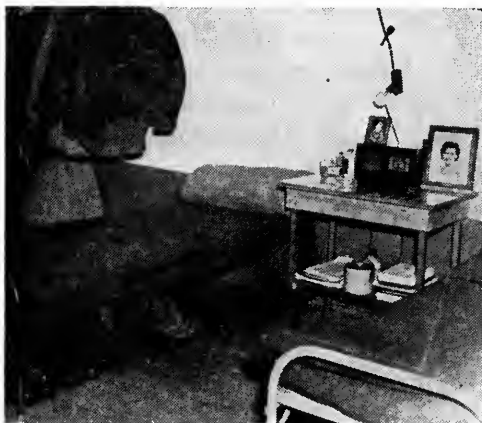
Nowadays there are under the American flag very few places where a red-light district could be found to compare with the line that formerly existed in one of these Alaska towns. The line consisted of 15 or 20 two- or three-room hovels along a street close to the center of the town. The back door of these brothels was toward the street and the front door or entrance toward an alley. At each end of the alley there was a guarded gate. Facing on the alley, each brothel had a large show-window, and here the prostitutes displayed themselves in as enticing a manner as possible — often in the nude — and solicited trade. A prospective customer would enter the alley and walk along inspecting the “wares” until he found what he wanted.

These hovels rented as brothels for \$500 and \$700 per month. If they brought \$150 as lawful homes, the tenant would consider he had been robbed. It is understandable that the owners of these shacks felt some annoyance when the source of easy big money was taken away by the closing of the line.

A Palace of Pleasure

A well-known madam built “the most luxurious brothel in Alaska” just outside the city limits of one of these towns. The building alone cost \$60,000 to \$70,000. It is alleged that the madam borrowed money from the local banks and on her credit took goods from several local merchants to a total of \$63,000 for the furnishings and equipment of this “palace of pleasure.” The brothel was operating at a splendid profit, and the madam was paying off her five or six creditors at the rate of \$1,000 a month each when the Armed Forces traced cases of gonorrhea to the establishment, and it was closed by an injunction proceeding.

*No palace
is the
quonset hut
quarters
of the GI.*



For some months it remained closed and then burned to the ground — much to the anguish of those respectable citizens who had put up the cash. No one alleges that these respectable citizens were unaware of the purpose to which the money was to be put.

It is stated that at the time the military was urging enforcement of the territorial laws many citizens openly favored “a well-controlled line.” At a public meeting with officials of one community, a citizen declared, “When my boy gets old enough to go to a prostitute, I’ll give him 25 bucks and say ‘Have the first one on me.’”

Another said, “Never in my life, whether in the States or Alaska, have I ever had any trouble finding a prostitute when I needed one.”

In a southeastern Alaska city a well-known prostitute who made a practice of rolling fishermen and relieving them of large sums of money, was tried before a jury of town folks on a prostitution charge. The jury, against all the evidence and solely on the strength of testimony by one person who stated that the accused was “a good, kind neighbor,” found her not guilty. There was much laughing and joking among the good people of the town over this defeat of the law.

A Home Away from Home

At two public meetings well-known citizens said something like this, “These women who run the brothels are kindly, middle-aged, motherly people. The GIs and fishermen like to drop in for a chat with them — maybe over a bottle of beer while the madam sits and knits. They run a sort of ‘home away from home’ for the boys. All very harmless.”

This is not to say there are but few enlightened people in Alaska. There are many public officials and private citizens who are courageous and well-informed. Plainly, however, Alaska has been out of the current of modern American social thought. Priding themselves on being pioneers on the last frontier, many noisy old-timers — sourdoughs — do not want to see changes, don’t want statehood, don’t want increased population. They like things as they were — including disdain of law and freedom to exploit the natives.

Some officials and citizens blame bad moral conditions on the natives. They say, “What’s the use of closing a line housing 30 or 40 prostitutes when there are 300 native women and girls, any of whom can be had for a drink?”

Enlightened people reply, “The natives, knowing that the white folks have a line where sex relations are openly bought and sold for money, are only following, in this as in other things, the

white man's example. At that, however, the native girls' promiscuity is on a somewhat higher ethical level than the prostitute's. It's for pleasure, not for cash."

Prostitution Today

Authorities of Alaska cities of greatest importance to the Armed Forces, including Anchorage and Fairbanks, have drastically reduced commercialized prostitution within their boundaries. Beyond the limits of these cities, prostitution activities continue with little or no interference. Law enforcement in areas around these municipalities is a responsibility of the United States government — of United States marshals, United States district attorneys and United States courts. It is significant that the federal officials are not vigorously enforcing the laws against prostitution in these areas where the United States government has the power to take action.

*In a military library
a social hygiene shelf—
potent force for
community betterment.*



Let's be specific about this. In prostitution surveys made by the American Social Hygiene Association in Alaska in 1950 — that is, *after* the cities mentioned had acted with considerable success against commercialized prostitution within the city limits — brothels were found operating outside of, but close to, Anchorage and Fairbanks. At the time of the Association's studies three places where prostitution was openly offered for sale were found near Anchorage and nine near Fairbanks.

It is not surprising to find that many Alaskans take a cynical view of the sincerity of the federal government's policy regarding prostitution. How can Uncle Sam press municipal authorities to do in

their areas of responsibility something that he does not do in *his*? Bluntly stated, federal officials in Alaska have not done as well by a wide margin as have the municipal officials in wiping out the prostitution racket in the Territory. The same can be said with regard to gambling and illegal sale of liquor.

Alaska's Young Marrieds

There has been much progress recently in Alaska and it is attributable largely to young men and women who, since the war, have settled in the Territory and intend to remain there. Many of them have brought the modern social outlook with them. They are raising families, and they want good schools, efficient public health services, honest law enforcement and clean communities. They are *for* nearly everything many old-timers are *against*, including population growth and statehood. They are against the things old-timers defend, including the line, gambling and "keeping Alaska for the Alaskans."



The young marrieds and their friends are statehood enthusiasts with a modern outlook.

In another 10 years Alaska will be under the control of these young folks. They will complete the transformation of Alaska from a neglected region still clinging to the mores of gold rush days to a progressive and prosperous member of the Union of States—a source of strength to the nation.



Mrs. Ross

Carmen Frank Ross

Hospital and public health nurse, consultant and guest lecturer, Mrs. Ross is a health educator for the N. Y. Tuberculosis and Health Association's social hygiene committee. She specializes in improving student and graduate nurse education, emphasizing its social hygiene aspects. She holds a degree from Adelphi College School of Nursing, a graduate degree from Columbia and a marriage certificate of very recent origin.

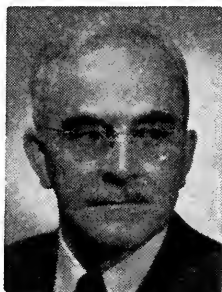


Dr. Wood

Rev. Leland Foster Wood

Retired after 19 years on the Commission on Marriage and the Home of the Federal Council of

Churches, Dr. Wood is the author of *How Love Grows in Marriage*, his latest of several books on family life. He is a graduate of Rochester Theological Seminary and received his Ph.D. from the University of Chicago. His Congo River missionary experiences in his younger days should quicken the stories and poems he now writes for children.



Dr. Clarke

Charles Walter Clarke, M.D.

Closely identified for 37 years with the social hygiene movement in this country and abroad, Dr. Clarke joined the ASHA staff in 1914 and in 1937 became executive director. A captain in the AEF during World War I, later director of the VD control activities of the League of Red Cross Societies in Geneva, he was a consultant to the Secretary of War during World War II. He organized the New York City Health Department's bureau of social hygiene and is clinical professor of public health practice at Harvard.

BOOK NOTES

Sociology and Social Problems, by Gladys Sellev and Paul Hanly Furfey. Philadelphia, W. B. Saunders Company, 1951. 391p. \$3.75.

As the title implies, the first part of the book is an over-all discussion of sociology, construed as human relations in group life; the second part concerns social problems in nursing service.

In part I the authors draw a picture of society and social trends, then consider personality, the family and the community. The unit on the family is designed to help nurses to "study the assets and liabilities of the individual families of their patients from the health point of view; and to work with other social agencies serving the family." Adolescent problems, biological and psychological interdependence within the family, emotional stability, behavior problems associated with sex, delinquency, family disorganization, marriage and family counseling centers and VD clinics are all touched upon in this section.

In part II social trends in nursing service and medical social problems of the community, including social hygiene problems, are covered. Among social hygiene objectives of the future are "education of the young for moral-ity in sex relations, better training

of children in the home, great reduction in the incidence of venereal disease and no community toleration of commercialized prostitution."

The volume should give nurses a good understanding of the many problems which they must meet either as individuals or as professional workers.

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Birth, by J. D. Ratcliff. New York, Dodd, Mead and Company, 1951. 213p. \$2.75.

The author, after devoting a few introductory chapters to the reproductive organs and their function, discusses in some detail various aspects of pregnancy—the Rh factor, the mother's health, miscarriages and sterility are all interestingly explained for the general reader.

Sections on future developments, adjustment of the family to the newly arrived baby, with some sex education advice for parents, and a pregnancy chart complete the volume. Some of this material has appeared in such magazines as *Today's Woman* and the *Ladies' Home Journal*.

• • •

Better Living Booklets. Chicago, Science Research Associates, 1951. 48p. 40¢. Special quantity rates.

Fears of Children by Helen Ross, *Self-Understanding, a First Step to Understanding Children*, by William C. Menninger, M.D.,

and *Your Children's Heredity* by Bernice L. Neugarten are part of a companion series to Life Adjustment Booklets.

Fears of Children finds the inhibitions of adolescents traceable to childish fears of bodily harm, loss of love, failure to get along with others and conscience. Education in the physiological aspects of sex and explanations of moral and religious codes are effective in reducing anxiety.

Self-Understanding stresses that a child's curiosity about sex is normal and should be met in a sensible, matter-of-fact way. An adolescent's attitude toward the opposite sex is developed from observing the day-to-day behavior of his parents toward each other. Helpful suggestions are given for getting satisfaction out of life, which is necessary to mental health.

Your Children's Heredity explains the meaning of chromosomes and genes, the division of the fertilized egg, heredity determinants, acquired characteristics and congenital conditions, as, for instance, syphilis. The conclusion is that there is very little that is unalterable in human nature, that it is environment that sets the brakes on achievement.

Parents and teachers will appreciate the common-sense approach and psychological insight of these booklets and the clever drawings that express more than a page of print.

Social Aspects of Illness, by Carol H. Cooley. Philadelphia, W. B. Saunders Company, 1951. 305p. \$3.25.

The sociological - psychological aspects of nursing must be included in the education of nurses if they are to play a complete role in helping their patients to get well. Social factors, both environmental and emotional, may not only cause illness but may influence treatment. Consequently, a working team relationship should exist between the informed nurse and the social worker for maximum effectiveness.

Under the heading "Social Aspects of Venereal Diseases," causal social ills, social results, emotional disturbance, social factors in control, maintenance and treatment are all considered.

Under social causes are mentioned lack of attractive recreational facilities, impoverished home environment, unsatisfactory personal relations between married partners, and organized vice.

Also covered are the consequence of illness for the family and the problems and relationships involved, as are the difficulties of the unmarried mother and the provisions made for her and her child.

Of particular value to the student nurse, the book carries a summary, a list of questions and a bibliography at the end of each chapter, and clarifies its points through the use of specific examples of problem patients.

The Family—a Dynamic Interpretation, by Willard Waller. Revised by Reuben Hill. New York, Dryden Press, 1938, 1951. 637p. \$5.25.

A textbook stressing personal relationships in marriage and family life, this volume considers scientific accuracy and systematic presentation as imperatives.

Some of the subdivisions of the book are Life in the Parental Family: Imposed Relationships; Mate Finding: Establishing Relationships; Marriage: the Established Status; Parenthood: Imposing Relationships; Family Disorganization: Breaking Relationships; and Beyond the Established Relationships, concerning proposed changes in family designs.

The author emphasizes that personality factors connected with sex are culturally conditioned, not isolated, and that the interaction of the personality traits of two individuals in the marriage situation as defined by the culture is an important matter.

The book is provided with a bibliography and suggested problems and projects at the end of each chapter and an excellent index.

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Diagnosis and Process in Family Counseling, edited by M. Robert Gomberg and Frances T. Levinson. New York, Family Service Association of America, 1951. 243p. \$3.75.

Written by 13 staff members of the Jewish Family Service of New

York, these papers reflect a non-static philosophy underlying practice in day-to-day marital and parent-child counseling.

The main divisions are: Diagnosis and Process, Family Counseling Illustrated, Counseling and Psychiatry, Supervision and Staff Training, Research, and An Illustration of Family Life Education.

Personalities emerge in the vivid case histories, problems are defined, altered, redefined, and treatment is described.

• • •

Sharing Sex Education with Children, by G. Gage Wetherill, M.D. San Diego, Health Printing Company, 1951. 56p. \$2.00.

Parents and other adults responsible for the sex education of young people, will find this manual a useful aid.

Dr. Wetherill has presented in a sane and interesting manner the sex aspects of wholesome living. With the cooperation of more than 1,200 parents and teachers, he has studied children's interests in sex and has tried to meet their informational needs.

Fourteen chapters deal with menstruation, emissions, mating, pregnancy, development and birth of a baby, heredity, family living, friendships and other pertinent matters.

Each chapter has a summary in story form of important information, followed by succinct answers to actual questions asked by children.

Six pages of simple line drawings present a graphic survey of reproduction. Also, appropriate sketches appear at the beginning of each chapter. The last five pages are devoted to a 100-word vocabulary.

Here one will find material presented in a simple, interesting style, treated objectively and accurately, and with desirable restraint.

ALICE CROW

• • •

Advances in Understanding the Offender, edited by Marjorie Bell. New York, National Probation and Parole Association, 1951. 312p. \$1.50 paper, \$2 cloth.

Among papers in this 1950 Yearbook, drawn mainly from the National Conference of Social Work and the Congress of Correction, are *The Criminal Psychopath* by Melitta Schmideberg and *The Sex Offender* by Leo L. Orenstein.

• • •

Building a Successful Marriage, by Judson T. Landis and Mary G. Landis. New York, Prentice-Hall, 1948. 559p. \$4.75.

A study of those aspects of marriage which should be considered by all who look forward to a successful marriage, this volume is an outgrowth of the teaching experience of the two Landises.

There is much that is original here, including on-the-spot research done by the students themselves, and studies of marriage problems

actually experienced by married couples.

The first chapter is basic, concerning the concept of marriage, and it is interesting to note that the authors consider attitudes far more pertinent to marital success than intensity of love. To them the wedding "is a commitment binding both partners to permanent cooperation, and offering no limiting escape clause."

Illustrated with rib-tickling cartoons and clever charts, complete with a list of marriage counseling agencies, bibliography, questions, readings, problems, activities and index, the book is a joy to read.

• • •

Population on the Loose, by Elmer Pendell. New York, Wilfred Funk, Inc., 1951. 398p. \$3.75.

Many world economic and social problems, writes Professor Pendell of Baldwin-Wallace College, have their origin in "reproduction unrestrained." Civilizations perish because competent members of society who solve problems reproduce less than "problem makers." Nations go hungry because they multiply faster than productivity increases, and because food needs exceed resource capacity.

To meet the problems he poses, the author advocates a policy of firm population controls, implemented by legislative enactment and careful supervision of marriage licensing and childbearing.

A convinced hereditarian, he insists that quality control of popu-

lation equals or exceeds quantity control in importance. To prevent civilization's collapse, the author urges widespread adoption of sterilization.

Those with I.Q.'s of 130 or better, with high academic rating, might reproduce without restriction; those in the middle I.Q. range might have one to four children prior to sterilization; and those with an I.Q. of less than 90 would be sterilized automatically before marriage.

Supervision of the program would rest with a state board of genetics, carefully chosen from among the fit. In the case of underdeveloped countries, technical aid would be withheld until comparable legislative provisions were in force. The genetic effectiveness of the program is inferred from experience in improving plant and animal strains, and analogy is drawn to horse breeding.

Although intended as a popular work, the book has certain scientific limitations. Factors pertaining to economic misery, such as availability of capital, educational opportunity, degree of technical skill are minimized. Evidence upon which conclusions concerning eugenic and dysgenic aspects of heredity are based, leaves something to be desired, especially after recent studies on intelligence testing. Many who would agree with the author in criticism of excessive environmentalism, might hesitate to accept a geneticism equally emphatic in its demands. One regrets the blunt criticism of

eminent demographers like Warren S. Thompson and Paul H. Landis.

In the moral sphere, religious leadership will question the assumption that acts relating to human reproduction are so essentially biologic as to exclude ethical considerations. Moral law sets limits to rights over the bodies of men. Because the economic-demographic observations of some religious spokesmen may not be apposite, it does not follow men are free to ignore their more authoritative statements on proper control and use of sexuality.

Factual information in the book is plentiful and assorted. It includes summaries of numerous articles and news reports, as well as references to much literature on population and resources, and an annotated list of agencies concerned with population and resource conservation. Insistence on prudential utilization of natural resources is justified and to the point.

Nevertheless, world experience in recent years should inspire caution regarding certain aspects of the theory and program proposed. Comparable eugenic sterilization proposals found expression in National Socialist legislation. Both Nazi and Soviet population policies have in common their subordination of human personality to material and racial goals. While recognizing the existence of population problems, Americans should guard against similar errors.

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